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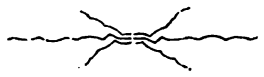

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Gynecology.

SOME POINTS OF INTEREST AND IMPORTANCE IN THE CLINICAL HISTORY OF OVARIAN GROWTHS.

BY GEORGE BURFORD, M. D., LONDON, ENGLAND.

In 1862 a historic incident was enacted in the city of Edinburgh. On the surgeon's table there lay a patient suffering from what was considered a mortal disease—one alike recalcitrant to the methods of the physician and surgeon. This disease was ovarian tumor; and the unhappy sufferer had unreservedly placed herself for treatment in the hands of a man in every way worthy of confidence and regard. Fired by the hope of easing torment and prolonging life, he had determined to essay what was then the hazardous operation of removal. True, over his head there hung the threat of certain of his colleagues—that, in the event of failure, failure to avert otherwise certain death—a criminal prosecution should be forthcoming. The operation proceeded; it was successful; the patient recovered; and largely to this bold but cautious innovator—need I say it was Thomas Keith?—thousands of women now owe their lives who would otherwise have been condemned to a painful and inevitable death. Much, to use Lord Beaconsfield's phrase, much has happened since 1862; and the pioneer work of such men as Keith, Charles Clay and others, to say nothing of the redoubtable Ephraim McDowell, has opened new fields of abdominal work which the researches of Lister have rendered of inestimable value to both man and woman kind.

Here, however, I wish to deal solely with certain forms of ovarian tumor; and I intend to dwell mostly on my own clinical experiences, and these not of the kind ordinary and familiar to all, but as touching certain clinical facts nearly as frequent and just as important, but of which less is generally known.

First, I wish to instance the infective powers of some ovarian tumors, conditional on their encapsuling membranes becoming infiltrated, and thus allowing the dissemination of ovarian tumor contents in the peritoneal cavity.

So long as the capsule of an ovarian tumor remains normal and intact, so long it presents an effective barrier to the transplantation of tumor contents into the general peritoneal cavity. "Sowing the peritoneum" is the suggestive phrase used when perforation or rupture spreads the contents of a pathological new growth broadcast through the great serous sac. The leakage naturally primarily affects the contiguous serous area, and when the cellular elements of this leakage are capable of independent growth, they repeat on the fruitful surface of the peritoneum the rapid growth previously confined to the interior of the cyst.

Colloid Ovarian Tumors. — Ten years ago I assisted at an operation for the removal of an ovarian tumor, which caused me much reflection. The primary lesion was an ovarian cyst, with colloid contents; the cyst wall had ruptured some time anterior to operation, and the contents had leaked into the peritoneal cavity. The colloid matter thus sown freely on peritoneal surfaces had caused actual colloid degeneration in scattered areas of the peritoneally covered organs, e. g., on the intestines there were to be seen small patches of colloid degeneration, thin and translucent, which the least rough handling would have ruptured. Disseminated colloid degeneration such as this it was of course impossible to remove, and the patient succumbed, a victim to the postponed operative removal, which anterior to rupture would have brought about a complete cure.

Again, in 1893 I saw, with Dr. Hall, a young girl, unmarried, who had recently developed considerable abdominal distension. The abdomen was filled with free fluid; and further, on vaginal examination, a soft floating mass was plainly made out, lying to the left of the uterus. The patient was brought up to town for operation, and on re-examination, the increasing abdominal distension entirely barred a renewed attempt to define the new growth. Being quite sure, however, of my former palpation, I opened the abdomen, evacuated a considerable quantity of free fluid, and then drew up from the pelvis a cyst containing colloid material, but so soft and doughy that the fingers in elevating it actually and without effort penetrated the viscous cyst wall. The cyst was removed and submitted to Mr. Johnstone for pathological report. So forbidding were the histological characters that he would not state that the growth was non-malignant, and therefore the prognosis as regards recurrence was very doubtful. Although the irritation of the cyst had caused so much ascites, fortunately the neoplasm was removed ere the colloid contents had sown themselves in the peritoneal cavity. The patient made a good recovery, and remains now, three years after operation, with no recurrence.

In July of the present year my colleague, Dr. Marsh, sent to me a young girl in whom he had detected an abdominal growth. I saw the patient, agreed with his diagnosis, and arranged for operation. The physical characters of the growth were exceedingly puzzling, and led to a diversity of opinion among my colleagues. My own diagnosis, founded on the experience of other puzzling cases was that of flaccid cyst. There was no free ascitic

fluid. On opening the abdomen I found a cyst almost the counterpart of that in the last narrated case. The cyst walls were sodden with infiltration of colloid contents, the peritoneum could be rubbed off, by very slight friction, and the viscous cyst mass here also was unable to withstand any pressure from the fingers. The girl made a good recovery.

I have selected these three cases as constituting an ascending series, indicating by their physical condition the transition from moderate, through pronounced, up to mortal participation of the cyst peritoneum and contiguous serous areas in the ovarian new growth. In the last case, the cyst peritoneum was infiltrated, but not sufficiently to cause ascitic effusion; in the previous instance, the infiltration of the cyst wall was accompanied by rapid ascitic effusion, but there was no actual rupture of the cyst wall, while in the first case the free entry of the colloid material into the serous cavity, secondary to rupture of the cyst wall, had engendered a similar degeneration, here and there, of organs whose integrity was essential to life. Had this growth been removed anterior to rupture, in all human probability the results would have been similarly happy to those recorded in my own cases.

Ovarian Papillomata.—Now let us turn our attention to a somewhat different form of ovarian growth. Those of us who take the Monthly Homeopathic Review will recall a very interesting case of papillomatous tumor of the ovary, reported by Dr. Ord, of Bournemouth, in the Review for August of last year. Dr. Ord there well describes how papillary growths in the ovary had found their way, by rupture or perforation, from the ovarian tumor into the peritoneum, and there run riot, so that after the ovarian cyst—their original site—had been removed, the local peritoneum was still studded with a similar growth, which ultimately led to death. In a note referring to this case I called attention to the remarkable clinical fact that after papilloma, primarily ovarian, had sown itself broadcast in the peritoneal cavity, sometimes abdominal section, removing the original ovarian focus, caused in some mysterious way the absorption and disappearance of all that growth which had spread over the peritoneal surface. In many cases, however, no such result accrued, so that here we have the noteworthy fact that of two papillomatous cysts of the ovary, identical in origin, in mode of increase, in dissemination over the peritoneum by perforation of the cyst wall, one case will, after the removal of the cyst, lose all the remaining peritoneal papilloma by absorption while the other will do nothing of the kind, the transplanted peritoneal papilloma growing fast and furiously, after its primary site has been removed. Such a case I had under my care during this year. A young girl, of emaciated and pallid aspect, consulted me on account of a large and very painful abdominal swelling. There was also a marked febrile movement, and operation being done a moderately sized cyst was discovered, studded with papillary growths. These had already, by some mischance, found their way into the peritoneum and become ingrafted there, and the whole pelvis was thickly studded with papillary growths. I hoped that the removal of the cyst would have set going the absorption of the peritoneal growths, but this did not occur, and some two or three months after recovery from operation the patient succumbed to the rapid increase of the peritoneal affection. I emphatically state that had this case come to me and been operated on before diffusion of the papillary parasitism, in all human probability that patient would have been now alive and well, instead of affording another mournful instance of that delay which is not merely dangerous, but actually fatal. Kali bichromicum was the remedy diligently taken with a view to aid absorption, but in this case time and the lesion were adverse.

Solid Ovarian Tumors. — Solid tumors of the ovary now require our attention. The two forms, benign and malignant, so closely simulate each other that only the most discriminating clinical history, apart from microscopical aid, can differentiate one from the other. In 1892 I saw, with Dr. Dyce Brown, a young lady suffering from a solid ovarian tumor. It was of quite recent advent, and, on removal, was found to have a pedicle so thick as to require extra-peritoneal treatment. The lady made an excellent recovery, and the growth has not recurred. In the same year I saw with our ex-president, Dr. Goldsborough, a young girl with a solid abdominal tumor, which dated apparently from a fall some two months previously. As this mass was evidently rapidly growing it was removed by operation, being of the size of an adult's head. The pedicle was no thicker than an ordinary cedar pencil, but between the tumor surface and the abdominal wall some adhesions were found. The patient recovered, but, six or eight weeks after operation, recurrence took place in the neighborhood of the adhesions, and the patient, in a year's time, succumbed to the malign influences of sarcoma. I showed these specimens at the British Gynecological Society, and in a discussion one of the leading operators in England gave us the result of his very wide experience. He said that solid growths of the ovary in young girls under twenty were almost invariably sarcoma; that although apparently completely removed by operation, the growth recurred so quickly as to give the operator the impression that all had not been removed. These points were well illustrated by my case, and I would again indicate that recurrence apparently occurred soonest where adhesion had provided a bridge for the translocation of sarcomatous elements.

Sarcoma of the ovary is not, however, confined to the adolescent. In 1891 I saw, with Dr. Dyce Brown, a lady of fifty, in the throes of a furious outburst of peritonitis. A large abdominal tumor of recent and rapid growth was evidently the fons et origo mali, but for weeks the physical signs of peritonitis were so marked as to preclude any more exact estimation of the nature of the neoplasm. The convalescence was very peculiar in its sequence of symptoms. A gastric crisis was developed earliest, and took the form of constant and almost intractable vomiting. Arsenicum was the most potent remedy, and after a time the stomach ceased to especially trouble.

The next crisis was respiratory. A dry, distressing cough, markedly aggravated at night, prevented sleep and destroyed appetite; and about every third night there would be an acute exacerbation. Codeia, in minute doses, was here of paramount value.

The most distressing crisis, however, was cardiac. A sense of great oppression in the chest, anxiety, restlessness and inability to lie were the main subjective features, and the patient's condition while battling with a seizure was pitiful to behold. Strychnine 1-200 in the course of a few days effectually banished these unpleasant conditions.

The physiological significance of these symptoms

is obvious. They were originated in the three great areas of distribution of the vagus nerve, i. e., the stomach, the lungs and the heart. The crises were respectively gastric, respiratory and cardiac. Bearing in mind the free anastomosis of the abdominal sympathetic with the ramifications of the vagi, it is, I think, a fair interpretation that the peritonitic irritation of the abdominal sympathetic was reflexly discharged through the vagus nerves, and manifested as reflex vomiting, bronchial irritation and cardiac interference, respectively. In course of time the patient continuously improved in general health, and left her bed and her room. Concurrent, however, with the general betterment it was noticed that the abdominal girth was increasing, and so soon as the general health would permit abdominal section was advised and carried out. Greatly grieved were we to find that the neoplasm was of malignant character (I believe sarcomatous), imbedded in dense adhesions, and immovable. To this incurable malady the patient eventually succumbed.

Strangulated Cysts.—Strangulated ovarian cysts supply the most interesting of the records of this class of growth. Their clinical phenomena are striking, the most important of these is definite, and their clinical course usually acute and brief. The first case of this kind on which I operated—in 1891—was a typical instance. The symptoms were those of intestinal obstruction—biliary vomiting, complete absence of stool, much abdominal pain and distension, with pyrexia; the tongue was dry; sleep was broken and occasional. I removed a strangulated ovarian cyst, and the urgent symptoms immediately abated, the patient making a good recovery.

A few months later I was called to Tunbridge Wells by Dr. Neild, to see a puzzling case. The lady had been recently delivered of a child at term, and at that time a pelvic growth, of only quite moderate dimensions, was observed. Three months afterward, on making a sudden lurch, acute pain was experienced in the left side. Vomiting shortly afterward set in, and persisted for two or three days; there was also a moderate rise of temperature and pulse. But the most notable symptom was complete constipation for nine consecutive days; and then, on enema being given, so marked a tendency to collapse ensued that operation was decided upon. The abdomen was now inordinately distended, the outline of coils of intestines being visible, and the percussion note was universally tympanitic. Vaginal examination yielded no further information. Operation disclosed a large strangulated ovarian cyst, positively black in tint, which was removed, the patient making a very good recovery. In this, as in other similar cases, over and above the other acute symptoms attending the seizure, we have the crucial symptoms of complete "intestinal paresis." I have noticed this condition in all my cases, and where sufficient time is given for its inauguration I regard it as an invaluable clinical sign.

Suppurating Cysts. — Now, in changing the venue to suppurating ovarian cysts, I propose to intercalcate a fragment of auto-biography. It was in 1889 that I first joined the staff of the London Homeopathic Hospital, and then there was no special provision for abdominal work, such as is now done here every week. My senior, Dr. Carfrae, was desirous that the higher phases of gynecological work should figure in the hospital annals. At his initiative I saw at Surbiton, in consultation with Dr. Hall, a patient suffering from peritonitis concurrent with an ovarian cyst. There was then no splendidly appointed hospital, equipped with all that the wit of man could devise, to transfer her to instanter; we had to plan ways and means for the necessary operative measures. She was transferred to the Surbiton Cottage Hospital, and I undertook to operate. There traveled down to Surbiton Dr. Byres Moir, Dr. Clarke, Dr. Roberson Day, Dr. Carfrae and myself. We met Dr. Hall at the Cottage Hospital, and straightway adjourned to operation. The case was that of a young girl, under medical treatment for some time with acute peritonitis, secondary to the growth of an ovarian cyst. The abdomen was opened, and such a melee of contents was exhibited as I have never seen before nor since. The abdominal cavity was like the interior of an abscess sac; layers of exudation material covered all the viscera; no intestines were to be seen, no peritoneal coat was visible. The cyst wall was rotten; pieces of it came away in the hand like wet brown paper, and to add to the difficulty, it was immovably fixed by a broad base to the pelvic tissue. I removed as much of the cyst as possible, and all the unhealthy tissue; stitched its base to the parietal incision, and closed what corresponded to the abdominal cavity. The patient recovered from the operation and was put on a steady course of Hepar for some months. A year subsequently I reopened the abdomen to excise the remnant of the cyst wall, which had continued to secrete pus, and was causing repeated attacks of septic pneumonia. There lay the sinus track, about the size and length of a finger of a glove. All around it, every atom of inflammatory exudation had been reabsorbed; there were even no adhesions to tell the story of the vast turmoil of an earlier date. I have often wondered since then whether steady persistence with Hepar for months would eliminate pleural adhesions, or peritoneal adhesions variously engendered. Thus much I can asseverate: I never saw such a widespread inflammatory area as at the first operation; and the restitution in integrum—so far as adhesions went—made so abiding an impression on my mind of the value of remedial measures in surgical cases as is not likely to vanish.

Curable Cysts.—I have already in another place, dealt at length with the proper sphere of drugs in the elimination of ovarian cysts.

Dr. George Clifton and Dr. Pincott have each recorded in the Journal of the British Society a case of ovarian tumor cured by Bromide of Potassium. In one of these cases the diagnosis was verified by no less eminent an authority than Lawson Tait. Dr. Goldsborough has also privately communicated to me a case of abdominal cyst cured by therapeutic measures. Dr. Madden has recorded a case of pelvic cystic tumor which entirely disappeared under the use of Bovista, prescribed by himself.

Mercurius Sulphuratus or Cinnabaris:—Chronic gonorrhea with white and thin discharge. Orchitis and epididymitis after the acute stage is over. Long-lasting suppurating buboes. Old chancres, deep indurated, or projecting and spongy in the center, in debilitated patients. Macular, vesicular, and squamous syphilides. In the two first-mentioned forms it frequently operates excellently. (Homeopathic World.)

Syphilitic iritis with pain from canthus internus upwards along arcus supraorbitalis to canthus externus. Circular or kidney-formed syphilitic ulcers. Congenital syphilis in scrofulous children. Syphilitic affections of the lungs. (Homeopathic World.)

Obstetrics.

THE TRENDELENBERG POSITION IN OBSTETRICAL PRACTICE.

BY SHELDON LEAVITT, M. D., PROFESSOR OF OBSTETRICS IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Various postures have been given the parturient woman for the purpose of facilitating labor and affording the necessary obstetrical attention. In England the lateral position is preferred, while in France and Germany, as well as in this country, the woman is commonly delivered on her back. In certain uncivilized nations parturient women are required to stand. Among the ancients the sitting posture was common.

Walcher's Position.—In addition to these positions, certain special ones have been prescribed for particular complications, more especially for those which require an introduction of the hand into the uterine cavity, a performance of version, or reposition of a prolapsed cord. Most prominent among them I may mention the knee-chest and knee-elbow positions. A new position has recently been introduced by Walcher, the purpose of which is to secure additional room at the pelvic brim in

FIG. 1. WALCHER'S POSITION.

those cases where the head is so out of proportion to the size of the pelvic inlet that it cannot be made to descend.

For the purpose of operative procedure, the woman may occupy the dorsal, the lateral or the knee-chest position. Walcher's, which bids fair to be of service in many instances, is a modified dorsal position.

Knee-Chest Position.—In certain cases, like those above alluded to, wherein we are called upon to perform version, to restore a prolapsed funis, to relieve a uterine retroversion, or even to convert a face presentation into a vertex, I find it desirable to enlist the aid of gravitation, and usually to secure an amount of room at the superior strait which cannot be acquired so long as a plain dorsal or lateral posture is maintained. For these cases the knee-chest position has answered a good purpose, and I have often found occasion to avail myself of its benefits; but for reasons which I shall shortly give, it can scarcely be regarded as the ideal position for the purpose indicated.

Trendelenberg Position. — Some eight or nine years ago, Trendelenberg, of Bonn, Germany, began his experiments in the use of the posture which now bears his name. In the practice of abdominal surgery, which was rapidly becoming more and more common, surgeons had experienced much embarrassment in keeping clear the field of operation when it became necessary to enter the pelvic cavity from above, and it was with a view to overcoming this obstacle to deft and clean work that Trendelenberg devised the posture which is now so commonly adopted by gynecological surgeons. By

FIG. 2. KNEE-CHEST POSITION. (TAKEN FROM LIFE.)

raising the hips and lowering the shoulders, it was found that the abdominal contents are by the force of gravity carried away from the pelvis, toward the diaphragm, so that the depths of the pelvic cavity can easily be reached under the guidance of version. It is unquestionably an improvement of great importance in this department of surgical practice.

In November, 1895, I made a report to the clinical society of Hahnemann Hospital on the adaptation of the Trendelenberg position to obstetrics. This was the first mention, so far as I know, of the use of this position in labor. It was recommended as a substitute for the knee-chest position, and its practicability was testified to by experience with it in two or three cases. Further experiment and practice have convinced me of its usefulness in most of the cases wherein I have hitherto found it necessary to place the woman in the knee-chest position.

Improved Trendelenberg. — As before indicated, and, indeed, as is commonly known, the Trendelen-

FIG. 3. THE TRENDELENBERG POSITION.

berg position consists in elevation of the pelvis and depression of the head and shoulders. In gynecological practice this is easily secured by the use of operating tables of special design. In my obstetrical work at the hospital we enjoy the benefits of such facilities; but in my private practice I have been obliged to resort to means of an entirely different character. The position necessary for ob-

stetrical manipulation differs in some particulars from that required for abdominal section, and, therefore, the Trendelenberg posture, as adapted to midwifery, is somewhat modified. When the abdominal cavity is the objective point, the body of the patient, as far as the knees, lies in full extension on the same inclined plane, but the legs are flexed to conform to a converse incline, thereby affording much of the resistance necessary to prevent gravitation of the entire body down the long incline. For midwifery purposes, abduction of the thighs is sometimes essential, and if the forceps are to be applied, it is usually necessary to bring the hips to the top of the incline in order to give room for the handles, which in a high delivery are necessarily directed more or less backwards. It may be unnecessary to add that two assistants are required for the maintenance of a position such as I have described. It is best secured in domestic practice by placing an inverted chair upon the floor, covered in a manner to insure comfort. Upon the incline thus formed the woman is carefully laid by the hands of strong assistants. Such a bed is quickly and easily prepared. No elaborate preparation is required, as the position is only temporary, the patient being returned to her own bed for completion of the delivery.

The question which arises in connection with this new posture is essentially a practical one. Innovations which do not carry with them real advan-

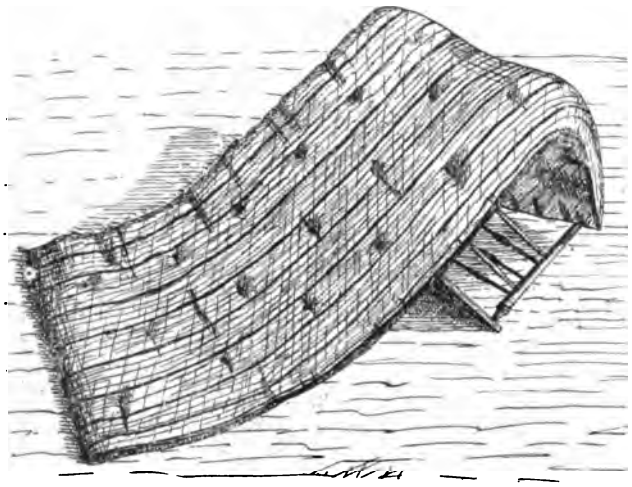


FIG. 4. IMPROVED METHOD OF SECURING THE TRENDELENBERG POSITION IN OBSTETRICAL PRACTICE.

tages over old means and methods have no good reason for being called into existence. One is instinctively led to ask, does the position really serve its purpose and give the accoucheur advantages not afforded by the knee-chest position? In reply I may truthfully say that it does. As soon as the body of the pregnant woman is thus inverted, the force of gravity causes the fetus to settle with considerable weight toward the diapragm, thereby giving more room for operative procedure at the pelvic brim. I have conducted some experiments at the hospital in order to disclose the apparent effect on the abdomen of the various positions of the body, and, while they have been neither elaborate nor exhaustive, they convincingly demonstrated the marked effect of gravitation on the situation and position of the fetus in the utero. Women have been photographed in profile, in the erect, in the horizontal and in the Trendelenberg positions, and the outlines of the abdomen thus shown have been found to vary considerably in the different positions in response to the effect of gravity upon the uterus and the fetus which it contained.

I would not be understood to recommend the Trendelenberg position as an absolute and unequivocal substitute for the knee-chest position. It is quite probable that we may find it more convenient

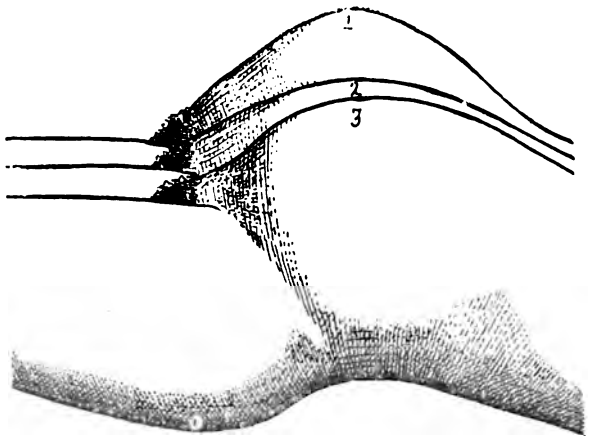


FIG. 5. (TAKEN FROM LIFE.)

1. Outline of abdomen of woman of eight months in erect position.
2. Outline of same abdomen in horizontal position.
3. Outline of same abdomen in Trendelenberg position.

in certain cases to have recourse to the latter. I truly believe, however, that it possesses certain advantages which commend it to our adoption. I have found it exceedingly difficult to place a patient, while under the influence of an anesthetic, in the knee-chest position, and proceed with satisfaction to peform the necessary obstetric manipulation. This difficulty is accentuated by the fact that we rarely adopt intervention of the kind which calls for such a position without first putting the patient into a state of complete anesthesia. On the other hand, it may be suggested that Trendelenberg's posture is also one not easily maintained. While I admit that this is measurably true, I have found in practice that in the matter of respective difficulties the advantage is still on the side of the latter. Then, too, we are not to forget that the obstetrician is accustomed to operate with the woman in the dorsal position; and when he is called upon to perform version, and possibly to apply the forceps to a head which is forced down to the pelvic brim, or even when he finds it necessary to pass the hand into the uterine cavity for the purpose of bringing down the feet, with the woman in the knee-chest position, he soon learns that since the directions are reversed and the abdominal walls are not easily reached and palpated, the procedure is attended with unusual difficulty. On the contrary, with the woman in the Trendelenberg posture, the usual directions are preserved and manipulation is performed with far greater ease.

With regard to the scope of the advantages secured by the Trendelenberg position, I need say but little, inasmuch as it is plain that it will be employed almost wholly in those cases which have hitherto required the facilitation of the knee-chest position. It will be found of service more particularly in prolapse of the funis, in version, in the conversion of face into vertex presentation, in difficult application of the forceps to a large head above the brim, and, probably, sometimes in the rectification of the occipito-posterior positions.

Surgery.

TUMOR OF THE THYROID GLAND.

BY G. F. SHEARS, M. D., SENIOR PROFESSOR OF SURGERY, HAHNEMANN MED.CAL COLLEGE OF CHICAGO.

Anatomical Considerations. — The case which I wish to present is one of tumor of the thyroid gland. The case was sent to me by Dr. Thompson of Muskegon. The patient was a lady thirty-three years of age, married and has three children. Soon after the birth of the last child, six years ago, she noticed a lump in the middle of the neck. It remained small for some three years, after which it grew rapidly. She had trouble in breathing when walking or riding a wheel and the slightest excitement produces fullness in the neck, difficulty of breathing and terrible headache. At the time of her husband's death, one year ago, she almost choked to death. She also had some difficulty in swallowing food.

FIG. 1. "BEFORE OPERATION."

FIG. 2. "POST-OPERATIVE APPEARANCE."

The patient came to me one week ago, but inasmuch as she was then menstruating and the gland is always more congested at that time, I advised waiting till that function had ceased. I earnestly urge that before attempting any operation upon the thyroid gland one be thoroughly familiar with the anatomical relations of that important structure. Chief among the difficulties to be overcome are the control of hemorrhage and the avoidance of injury to important nerves. The blood supply of the thyroid is very great. From the study of anatomy we know that the superior thyroid artery arises from the carotid and descends to supply the inner and the front part of the body. The inferior thyroid arises from the thyroid axis, passes upward in a serpentine course behind the sheath of the carotid artery and is distributed to the under surface of the thyroid gland. Sometimes a third artery known as the middle thyroid arises directly from the arch of the aorta. The superior thyroid veins follow the arteries and end in the internal jugular. The middle thyroid passes transversely and the inferior descends as an irregular plexus on the trachea and ends in the innominate. But this simple statement of its blood supply gives no adequate idea of the possibilities of hemorrhage. The quantity of blood contained in the gland is, as Treves remarks, enormous, and the number and size of the veins are remarkable. The normal relations are often disturbed by the growth, and added difficulties may result from the extension of the growth into the deeper structures of the neck.

It is not, however, from the arteries but from the veins that the greatest danger from hemorrhage results. These latter are very numerous and not arranged on any definite anatomical lines, but form large plexuses over and about the gland. The pressure of the growth on the neck causes dyspnea, the difficulty of breathing distends the veins and all the requisites for profuse hemorrhage are present. Sir Willam MacCormic, in describing the excision of a non-malignant goitre, speaks of it as one of the most serious and difficult operations he had ever performed and says the operation consumed two hours' time and necessitated the application of some one hundred ligatures. One of the greatest dangers in an attempted excision of the thyroid is that of injury to the recurrent laryngeal nerve. This is the motor nerve of the larynx besides sending branches of the esophagus and pharynx. On account of its tortuous course and its intimate relation with the inferior thyroid artery it is easily injured in an attempt to ligate that vessel, or its branches.

It was only the other day that I was consulted by a patient upon whom an operation for the removal of a thyroid growth had been made. Her complaint was that ever since the operation she could not

speak aloud and that when attempting to swallow liquids they would regurgitate through the nose. Inasmuch as her occupation was that of a singer this unfortunate result was most deplorable. No doubt in her case the recurrent laryngeal nerve had been severed or included in a ligature.

Operation.—In the case under discussion I believed I had a cystic tumor starting in the isthmus of the thyroid and dipping down into the lateral lobes. Socin has shown that these tumors may be removed by enucleation without removal of any portion of the gland. This eliminates all danger of injury to the recurrent laryngeal nerve, the most dreaded of all complications. The external incision may be varied to suit the circumstances of the case. The usual incision is from the sternal notch to the upper limit of the bronchocele, from which point two lateral incisions are made upward and outward to a little below the angle of the jaw, making when the incision is complete the outline of the letter "Y." In this case the central implantation and the wide extension to both lobes demanded a pronounced incision to each side of the median line and I believed the field of operation would be better uncovered and less scar be visible if the incision was made in the shape of a horse shoe, with the greatest convexity toward the sternum. Having reflected the skin and platysma I found the tumor under the sterno-mastoid and sterno-thyroid. These I divided on either side and reflected. In these cases a full view of all parts must be obtained. A plexus of large, thin walled veins now presented. These I divided between two ligatures and carefully advanced, keeping exactly in the median line, so that the different planes of cellular tissue might not be opened up, thus inviting additional hemorrhage and, should infection occur, cellulitis. The capsule of the gland was next divided and the wall of the tumor disclosed. The growth was carefully enucleated by the finger and the scalpel, pressure forceps being freely used to prevent hemorrhage from the many divided vessels.

Notwithstanding our preliminary ligature there were more than a dozen forceps still in place. A ligature was needed at each of these points, for unlike blood vessels in ordinary tissue, there is no elasticity in the walls and therefore temporary pressure is not sufficient to control the hemorrhage from even a small vein. I used catgut. In my earlier operations I used fine silk, following the example of Kocher, but for some reason the silk seemed to irritate, and while there was no evidence of infection, the healing was slow. Subsequently I have used catgut with good results. Having controlled the hemorrhage, I united the divided ends of the sterno-hyoid and sterno-thyroid with catgut and closed the wound with silk worm gut. The dressing was the ordinary one of sterilized gauze.

In applying the bandage great care had to be exercised. I desired to obtain all the pressure possible, yet not interfere with respiration. This object is best accomplished by the double figure of eight, that is the figure of eight of the neck and shoulder alternating, first on one side, then on the other. This brings each turn of the bandage half-way round the neck.

Let me call attention to two peculiarities of the thyroid tumor, namely, its direction of growth and its tendency to congestion. Very few thyroid tumors appear when in situ to be as large as they really are. This particular patient did not appear to have a very large tumor, and yet it measured, when removed, over twelve inches in circumference. This is due largely to the fact that the thyroid body is covered by the firm hyoid muscles which prevent enlargement anteriorly and force the growth backward. In the present instance the tumor commenced centrally in the isthmus of the gland and as the muscles are not absolutely in contact in the median line they were pressed aside, thus allowing of greater anterior projection. In those cases, however, in which the tumor starts in the lateral lobe or near the posterior surface of the lobe the pressure of the muscles may be sufficient to direct the growth downward behind the trachea and below the sternum. In such a case one is easily deceived regarding the size of the tumor and may be left in great doubt as to the exact character of the growth.

Such a case was sent to me by my friend, Dr. Millard. The patient was a young man, pale, anemic, and had palpitation of the heart, difficulty of breathing and protruding eye balls, with a slightly perceptible enlargement of the left thyroid which could

FIG. 3. TUMOR AFTER EXTIRPATION.

be made more noticeable by inflating the lungs and then obstructing a forced expiration. The case had many of the appearances of exophthalmic goitre, and while I believed that there was a cystic tumor present I could scarcely believe that the whole difficulty of respiration and circulation was due to pressure. Subsequent events proved that the growth was much larger than any one at that time believed possible. He had taken a slight cold and was suffering more than usual from difficulty of breathing. While waiting for the catarrhal condition to subside he was taken with marked dyspnea and choked to death before an operation could be made for his relief. Post-mortem examination showed a tumor fully as large as the one in the above photograph, situated behind the trachea and extending backward to the spine and downward behind the sternum. At all times it must have been a great obstruction to respiration and one could easily understand how a slight congestion could close the trachea completely. This peculiarity of thyroid cysts, large or small, to become suddenly congested or

rupture, causing dyspnea which may prove rapidly fatal, is one of the conditions which should be taken into consideration in advising treatment. No matter how small the tumor apparently, should symptoms of dyspnea appear the operation should not be delayed, and even in those cases where no such symptoms are present the possibility of their sudden onset should be presented and an early operation advised.

In the first case the patient made a good recovery. The cuts show the condition before and after the operation, the line of incision and the scar which resulted from a slight separation of the edges of the wound, caused by a sudden backward toss of the head before firm union had taken place. The condition of leucoderma noticeable in the second cut was present previous to the operation but less pronounced in the first photograph because of the shadows occasioned by the tumor.

INTESTINAL ANASTOMOSIS WITH THE MURPHY BUTTON.

BY DE WITT G. WILCOX, M. D., BUFFALO, N. Y.

It has ever required a mechanic of some skill and ingenuity to splice a tube or weld a flexible rod and maintain both the caliber of the tube and the flexibility of the rod. Even when possessed of such attributes, his success is not always of the highest order. Since the advent of the bicycle we have had some very practical lessons in repairing punctures of hollow viscera, which, if not belonging to the intestinal canal, are of sufficiently like nature, in that the escaping air brings all further operations to a joyless standstill. The bicycle surgeon can plug the lesion in the tire, and by virtue of the internal pressure and the aid of a good cement render his viscera nearly as good as new. As yet we have not kept pace with the rubber doctor; we have not found a quick and ready method of plugging a gun shot injury of the intestines, although our cat-gut and needles offer a fairly good substitute. In one respect, however, we have outstripped our new rival. He (the latter) cannot take out a section of rubber tire, approximate the divided ends, unite them and render the point of union impervious to escape of air under internal pressure, without the use either of needle or cement. Having gained so great a lead upon him, we can afford now to ignore him entirely as a rival and proceed on our way as though he had never existed.

The Mechanics of Surgery.—When we view the mechanical side of surgery it does not appear at all strange that the ancients should disassociate entirely the physician and surgery. Although the surgeon was a near relative to the barber in those days, yet they recognized that the former should possess mechanical ability. In few of the arts (for surgery still continues to be an art rather than a science) is a mechanical training more essential and the opportunity for mechanical ingenuity broader than in the surgical domain.

To the mind of the writer no recent mechanical device in surgery is more deserving of praise than the Murphy button for intestinal anastomosis. Many "would-be" great men in the practice of surgery have spent months in devising an instrument, which, while it may be adapted for the purpose intended, is yet so rarely required, because of the infrequency of the ailment, that it must be classed as impractical. The Murphy button is the outgrowth of a demand that no surgeon could fail to appreciate. The frequency of violent injuries to the abdominal contents, intestinal obstructions, acute inflammation with ulcerations, malignant growths, intestinal adhesions to pelvic growths, typhoid ulceration, gall stone impactions, and intestinal strictures, all combined, sent up one strong appeal to the surgeon to devise some ready, efficient, and rapid method of uniting freshened ends of intestines after resecting a diseased area. The answer to this united appeal came first in the ingeniously devised but laboriously executed method of Lembert, Czerney and others in sewing two approximated ends of gut. Contraction and stricture resulted when even partially successful. Tube shaped pieces of turnips, apples, potatoes, etc., have from time to time been employed as a form around which the gut has been closely stitched. Some times kind nature set her seal upon the line of suture and, presto, change! a success was recorded.

About eight years ago the writer removed a section of gangrenous gut following strangulated hernia, and used a potato plug for a form in uniting the ends—and presto, no change! nature did not set her seal and no success was recorded. Then came the cat-gut plates, which were a great advance and have prolonged the life of many a sufferer. But the surgeon who had never participated in a May pole dance could not hope to untangle the array of threads and sutures which entered into the makeup of the cat-gut plates. The bone plates of Senn had less objection and are still used, although they have the disadvantage of melting down too quickly. The Murphy button is somewhat difficult of description and is therefore best exhibited. The only objection which has, so far, appeared relative to this device is that it is non-absorbable, and for that reason may lodge somewhere along the alimentary canal.

An Illustrative Case.—The case which I have to report is such a satisfactory example of perfect action of this button that I feel warranted in taking your valuable time to present the same. Clarence Bates, a little lad of 10 years, was brought to our private hospital on July 22d by Dr. Seabury, of Sugar Grove, Pa. The history which the doctor gave me was as follows: The boy had been attacked with appendicitis May 15th, and had presented the ordinary type of symptoms. There had been, first, localized, then general tenderness: temperature 104, pulse 140. The evening previous Dr. Hay, the local physician, had inserted an exploring needle and discovered pus. Dr. Seabury operated the following day, June 2d, removed four ounces of pus and much debris, and separated adhesions. Fearing the integrity of the cecum, he had taken the precaution to sew this viscus to the abdominal wall at the line of his incision. Five days subsequent to his operation there began a fecal discharge through the incision, showing that the cecum had opened externally. On July 15th, Dr. Seabury operated for the closure of the fecal fistula, but the walls of the cecum were so disintegrated that the sutures would not hold. When I saw the patient upon the date mentioned he had had no bowel movement through the rectum for eight weeks, all discharge had taken place through the cecal fistula; in fact there was then established an artificial anus. His general condition was unfavorable, weak, anemic, emaciated and fretful beyond comparison. Temperature 97.6. The operation for the cure of this most discouraging condition was undertaken a few days after his arrival at the hospital. Northrop's oxygen-chloroform mixture was the anes-

thetic employed. The details of the work consisted, first, in the liberation of the cecum from the lips of the incision. Second, dragging the gut well out of the abdominal cavity—which process was somewhat tedious owing to the numerous adhesions present. Third, ligating the bowel above well up toward the transverse colon and below some six inches from its junction with the cecum; washing out the surrounding area and the intestinal cavity between the ligatures. Fourth, cutting out all of the cecum, about two inches of the colon and the same of the illeum, making at the same time a V-shaped incision into the mesentery. The method then of joining the ends of the severed bowel was entirely peculiar to the construction of the button, and can best be understood by a demonstration. No sutures at all were used in uniting the bowel. The necrotic tissue was as thoroughly removed as possible from the area of the disease. The bowel was dropped back and wound closed without drainage. The nurse's record tells the further story: Much vomiting for a week, temperature ranging from 99 to 100. First bowel movement through the rectum occured four days after the operation and continued two or three times daily during his convalescence. Frequent doses of salts and Cascara sag. were administered, together with high-up enemas. His diet was light, consisting largely of broths and malted milk. He had much colicky pain from start to finish. By the finish I mean the discharge of the button per rectum. This occurred the sixteenth day after the operation. A day or two previous we could trace the button, supposedly by the line of pain along the transverse and descending colons. He left the hospital twenty days after the operation. He has since been well and a letter from him personally, dated Aug. 26th, tells his condition:

Youngsville, Pa., Aug. 26, 1896.

Dr. Wilcox—Dear Friend: I got home all right and am gaining finely. When I got home I weighed forty-four pounds, and now I weigh forty-nine and one-half. The people are very much surprised to see me come home so well. I am going to commence going to school in two weeks. I walked up to Sunday school last Sunday. My brother was very glad to see me. The wound is all healed and is as well as ever. Your friend,

(Signed.) Clarence E. Bates.

His condition was such at the time of operating that I do not think it possible to have secured like good results from any other method of anastomosing resected intestines.

ARTHROTOMY FOR THE REMOVAL OF FOREIGN BODY.

BY FILIP A. FORSBECK, M. D., MILWAUKEE.

Operation upon the joints has always been looked upon as a dangerous procedure. Notwithstanding that no vital organs are here involved, the conservative surgeon undertakes such an operation with hesitancy, well knowing the permanent unfavorable results in case of a failure—and failures will come in spite of the most rigid antiseptic precautions and delicate surgical methods. When, therefore, an operation on a joint is followed by success and permanent relief from the existing difficulty, one feels truly grateful and well repaid for the extraordinary care required.

Arthrotomy for the removal of a foreign body has not been practiced until late years, when antiseptic methods were universally introduced. The history of the past shows that the operation was not advised and that external mechanical appliances were resorted to instead in order to remedy this pathological condition.

The case which I am about to relate was of considerable interest to me, not only from a surgical point of view, but on account of its comparative rarity and the uninterrupted recovery with the permanent cure that followed.

Illustrative Case.— On November 17, Mr. M., a conductor of the street railway, presented himself for an examination, volunteering the information that he had a "bone in the knee," and desiring to know what could be done. I proceeded to examine the joint. On palpation a hard, distinct body could be felt, freely movable under the tendon of the quadriceps and at the sides of the patella.

Some six months ago, when boarding a car, he struck the knee against the metal railing without experiencing any ill effects except a temporary soreness. About a month later he felt one day as if a "bone was loose," and examining it, found this body. As it caused him no inconvenience or pain he paid but little attention to it, except in bending the leg, when he would take care that this body was on the side of the common tendon, as it otherwise pinched and prevented him from straightening his leg. The constant worry about keeping it in the right position and the thought of impending danger, if left alone, induced him to ask for surgical aid.

No tenderness could be elicited anywhere about the joint, no swelling or redness could be discovered. No abnormal temperature, no history of rheumatism or any previous joint disease. In the absence of prominent symptoms indicating the real cause of this affection, I will later, if possible, by exclusion, diagnosticate the case in regard to its causation.

The patient was sent to St. Mary's Hospital, and operation advised. In the presence of Drs. Carlson, Munkwitz and Sederholm I made an incision an inch and a quarter in length to the outer side of the quadriceps tendon, and large enough so as not to allow any bruising of the synovial membrane by the removal of the body. The Esmarch constrictor having previously been applied, prevented any blood entering the joint cavity.

The floating body was well pushed up into the patellar cul-de-sac and held firmly by the assistant, who also endeavored to prevent the entrance of air by compression of the joint. The joint being opened, the body made an easy escape, together with some synovial fluid.

Being satisfied that there were no other foreign substances to be removed the joint was closed with silk worm gut with the usual precautions, the skin-wound sealed, the patient removed to bed and hot applications applied.

Uneventful recovery.

No rise of temperature.

Patient left hospital on sixth day.

Etiology. — Let us now briefly consider the causes of foreign bodies in the joints.

They may be classified as follows:

I. Histogenic transformation of some spot of the para-synovial tissue.

II. Hypertrophy and metamorphosis of the synovial fringes.

III. By growth from the periosteum at the edge of the articular cartilage.

IV. By organization of a fibrous blood clot.

V. By direct growth from the articular cartilage.

VI. By detachment through injury of a piece of normal joint.

The negative in this patient's personal history, the absolute want of any inflammatory processes, the absence of pain, the sudden appearance and the slight impairment of motion tend to exclude all, except the last of the mentioned causative factors.

With the foreign body now before me, I recognize in it a detached portion of the external condyle of the femur. The consistency being bony throughout, with a thin layer of cartilage covering one side and the bony structure entirely bare on the other, together with its shape, confirms this opinion.

By reason of the accident, this part of the articular extremity had wholly or partially been detached, but may have been held in position by the segmenting qualities of the synovial fluid and simply waiting for a favorable opportunity, e. g., another jar, of becoming dislodged and free to move about in the cavity.

It is of oval shape, measuring 1½x1 inch, and ⅜ of an inch in thickness, weighing fifty-one grains.

During the operation a visiting physician, who previously had this case under his observation, volunteered the diagnosis of arthritis deformans.

How unfounded such a belief must have been is easily appreciated when considering the etiological factors of such a disease, which were entirely missing in this instance, viz.: the history of rheumatism; local and systemic fever, the latter preceded by a chill; the pain, the swelling and immobility, the presence of several bodies, the involvement of other joints, the slow onset, etc.

I have dwelt somewhat at length on this case for the following reasons: First, to show that operations on the joints, if performed with proper care and aseptic methods, are comparatively void of danger. Second, to advise a speedy removal of foreign bodies in joints, especially if due to traumatism. Third, to caution against operative interference in cases of obscure diagnosis and, lastly, that all foreign bodies in joints are not floating cartilages.

LACERATION OF THE PERINEUM.

BY J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

Among the many troubles which are daily seen in suffering women I will venture to say that none are more distressing and far-reaching in reflexes than those of a lacerated perineum. We are well acquainted with the picture of a patient suffering from a laceration; from the very least local lesion to that other extreme that leads on through the gates of the mad house. I shall not touch upon other troubles that so frequently are associated with a lacerated perineum, such as lacerated cervix, rectal irritation or urinary troubles. Did you ever stop to think how few of the mothers of this country are well, and what has been one of the great causes of this army of suffering humanity; and who in a great measure is accountable for the same? These are fertile questions.

Its Frequency.— This subject of laceration has called forth the mental energies of the brightest of minds. While there have been so many different opinions expressed, so many methods advocated for its prevention, so many methods devised for its repair, still the number of its victims increases in pace with the population. Yet, according to the statement made by some physicians, "they never had a case of lacerated perineum in their practice, they never even saw one."

Now, I believe them to be perfectly honest. It was simply that they never looked for a lacerated perineum; or were in great need of an oculist; or they never had a case of obstetrics in their practice. Possibly I may be mistaken in the anatomy of these parts, and should have a few lessons on that subject myself. But after thinking the matter over a little, I am led to believe that possibly I can throw the X rays on this subject and make a better explanation.

The only tear that occurs is the fourchette, which extends to the sphincter ani muscle; when the perineum is lacerated it means the two sphincter muscles are torn. I believe the great majority of all women who have borne children, from Mother Eve's time until the present, have been the subjects of lacerated perineums.

How many of these lacerations do you suppose have been repaired immediately, compared to the number that have occurred?

Surgical Adjustment.—I do not believe that any case of laceration heals perfectly by itself, unaided by surgical means. It is true a very slight tear will heal by granulation, but it always leaves a scar; therefore an abnormal condition. It is a foregone conclusion that in all cases immediately after the delivery of the placenta the perineum should be closely inspected and all rents surgically adjusted. There are many methods which show conclusively that at some time they have been faulty. Each case should be individualized and the surgeon should employ the best method, which, in his judgment, the case requires.

I will give one method which I have been much pleased with; no doubt many of the Medical Century readers have used it also:

After the placenta has been removed see that the uterus is firmly contracted.

Place the woman near the edge of the bed in the lithotomy position.

The limbs are supported by one assistant while the womb is being firmly grasped by another assistant.

The vagina being thoroughly cleansed by the use of a fountain syringe, remove the blood clots and secretions, then place a pledget of cotton in the vagina beyond the tear, and you are ready to examine carefully the extent of the laceration. If the tear extends through the sphincter ani muscle, each end should be fished up by two tenacula, then with a curved needle, threaded with a No. 3 French cat-gut ligature, the index finger of the left hand is introduced into the rectum. By so doing you see, as it were, with an eye in the end of the finger.

Then introduce the needle in the left side of the laceration, catching up quite deep in the tissues; then bring it down and catch the left end of the sphincter muscle, then, going across the bottom of the tear, being careful not to injure the rectum, catch the right end of the sphincter muscle. By using a little traction the ends of the divided muscle are brought together, when the deeper parts are stitched over and over. In this manner the deeper part of the tear is completely closed to the upper end. Then catch up the more superficial parts and close by bringing the needle just up to the mucous membrane, but not through it, thus making a submucous stitch; proceed downward until the entire rent is closed; the last stitch may be run out as far as possible before piercing the skin. Then cut off the ligature and allow it to retract.

In this way the laceration can be closed without making a knob—a point of sepsis and irritation.

These parts should only be brought together snugly, not so tight as to strangulate the tissues, and produce sloughing. The parts are not apt to draw apart, as they are so relaxed at the birth of the child. After the wound is closed the pledget of cotton is removed and the vagina again thoroughly cleansed. Directly over the ulceration apply Collodion with a little boracic acid added. This will form a protection to the parts from all discharges. The vagina may next be gently packed with iodoform gauze, which will act as a drainage, or I have used small pledgets of absorbent cotton. The packing should be removed quite often and the parts kept as dry as possible. By using the subcutaneous stitch there is scarcely any pain experienced after the operation.

Neurology.

NEUROLOGICAL NOTIONS.

BY W. A. DEWEY, M. D., CLINICAL PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM, HOMEOPATHIC DEPARTMENT, UNIVERSITY OF MICHIGAN, ANN ARBOR.

House Nerves.—In Russia this complaint is due to tea and Tolstoi, in America to iced drinks, candy, business hurry and the negro question, at least so says "The Hospital." Outdoor exercise and innocent amusement are the universal remedies.

The Roentgen Rays.— The Roentgen rays have proved useful in convincing a hysterical patient that there was nothing in her arm, and that the bones were all right. She fancied that something was the matter with it, but convinced by the resulting photograph that her arm was perfect, she left entirely cured.

Argyle-Robinson Pupil. — For some inexplicable reason, acquired syphilis has a marked affinity for the aqueduct of Sylvius and the region of the fourth ventricle. It therefore involves the neighborhood of the third nerve nucleus and interrupts the motor power of the eye. More than all, it deranges the motor power of the ciliary ganglion, and hence the Argyle-Robinson pupil is such a prominent feature. No other toxic invasion has a similar ocular influence, as the papillae of origin of the motor oculi seem to resist all other disturbing agents.—(Halbert.)

Paralysis Agitans.—A new symptom: Have the patient wrinkle his forehead transversely and hold these wrinkles for a minute with the hand. When released they do not efface themselves at once, but persist for some time and disappear slowly. This phenomenon is found in nine out of ten cases and constitutes a useful symptom in certain forms.—(Vratch.)

Word Blindness.—An interesting case of congenital word blindness is reported in a recent number of the British Medical Journal—a congenital absence of power of preserving and storing up the visual impression produced by words, due to defective development of the left angular gyrus. An interesting feature of this case was the boy's ability to read figures and do simple calculations.

Tic Douloureux.— The following may indicate the gouty state which is frequently present in sufferers from this affection:

1. Healthy, ruddy complexion.
2. Presence of Heberden's nodules or of trophi in the ears.
3. Previous history of stone or gravel.
4. Persistent strength of pulse, resistance of patient to pain and insomnia.
5. Long history of gastric intestinal and hepatic disorders.
6. Adverse influence of alcohol.
7. Presence of uric acid in the urine.

Locomotor Ataxia.—At a recent meeting of the American Neurological Association an interesting paper was presented, showing that anti-syphilitic treatment at the time of infection, even though it be prolonged, has no effect in preventing the development of nervous affections which are looked upon as syphilitic in origin. The degenerative disease is apt to appear later in life.

This fact was exemplified in a case of locomotor ataxia which presented itself at my clinic in the University Homeopathic Hospital recently. The patient had had syphilis some fifteen years previous to the appearance of the fulgurating pains—Argyle-Robinson pupil and other manifestations of incipient tabes, though he asserted himself cured of the specific disorder.

Paralysis Agitans.— A curious contrivance was invented by Charcot called the vibrating arm chair, for the treatment of this affection. In default of this an omnibus was suggested. It is contra-indicated in patients with stone in the bladder. There is a suggestion of homeopathicity in this so-called shaking cure for paralysis agitans.

Materia Medica.

MATERIA MEDICA BUREAU, WASHINGTON HOMEOPATHIC SOCIETY.

REPORTED BY R. KINGSMAN, M. D., WASHINGTON D. C.

The December meeting of the Washington Homeopathic Medical Society was held in the parlors of the Ebbitt House, Dr. S. S. Stearns, president, in the chair. This being the annual meeting, after transacting routine business, the society proceeded to elect officers for the ensuing year, which resulted in the election of the following:

President, Dr. W. F. Corey; vice-president, Dr. F. A. Gardner; secretary, Dr. E. S. Lothrop; treasurer, Dr. W. R. King; librarian, Dr. Margaret Hislop; board of censors, Drs. G. W. N. Custis, Grace Roberts, H. Krogstad, B. F. Gibbs and R. Kingsman.

In view of the fact that such full reports of the meetings of the society are being published in the Medical Century, and which have been greatly appreciated by the members, it was deemed advisable to elect a society reporter to report our proceedings to the other medical journals, Dr. Ira W. Denison being elected to fill this position.

The Bureau of Materia Medica then made its report. This bureau was composed of Dr. L. B. Swormstedt, chairman; Drs. Edgar Janney, B. F. Gibbs and F. A. Swartout.

Belladonna 30x.—Dr. Swartout reported a case of convulsions in a child one year of age where every muscle of the left side was jerking, the arm and leg of one side were going rapidly, at the rate of thirty or forty times per minute; the facial muscles were all involved, especially those of the left side; the arm and leg of the right side were affected some-

what, but not nearly so much as the other side; cheeks were red, brow moist. The child had been perfectly well until seized suddenly. He prescribed Belladonna 30x, which caused improvement, when he left the child for about three hours; on his return he changed the remedy and again left the child for a few hours; upon his second return he found the baby in convulsions again. Again he gave Belladonna 30x; again it gave immediate relief. He continued the remedy for two days, with the result of a perfect cure.

Dr. Swartout also mentioned a case of chronic constipation which had been the rounds of the allopathic physicians, for which his first prescription was Nux vomica, with no results. After a careful study of the case he prescribed Alumina 30x, which in two weeks' time cured the case so that the patient had a stool once in twenty-four hours.

Berberis Vulgaris.—Dr. Edgar Janney read an interesting paper on Berberis vulgaris, a very much neglected remedy, some of the symptoms of which are depression of spirits, disinclination to speak, weak memory, fretful humor, with weariness of life, vertigo, confusion, sense of intoxication, heavy, pressing headache, which is increased by stooping; bilious taste after eating; thickly-coated tongue, yellowish-brown and pasty-white; hungry soon after eating; canine hunger, alternating with loathing of food; thirst, with dryness of mouth; great thirst alternating with aversion to liquids; atonic dyspepsia, with tendency to bilious dyspepsia, accompanied with mental depression, listlessness, melancholia, muscular prostration; perspires with the least exertion; sticking pains under the ribs, pains which go from the liver to the abdomen; bilious colic, with gall-stones and jaundice; violent stabbing pains in the liver. Berberis has a positive action upon the spleen and is indicated in enlarged spleen, following chronic malaria. It acts directly upon the kidneys and bladder; the lumbar region is very painful; sticking, tearing pains in renal region, worse from depressure; the pains extend down the back and ureters into the bladder. Urine dark red or yellow, becoming turbid with mucous sediment or reddish mealy deposit; pain, soreness and burning in the biliary and urinary tracts. Cutting pains in the bladder extending down the urethra; urine slow to flow, with much pain and pressure in the region of the bladder; frequent ineffectual urging to stool; burning, sticking pain in rectum before and during stool; feces dark, greenish-brown in color, and shining as if varnished. In jaundice Berberis should always be thought of in attacks with pale, tough stools, or profuse watery diarrhea; distension or bloating of abdomen. Dr. Baisig writes: "If you wish to smooth the skin on a lady's face which has become rough and unsightly, give her Berberis and she will give you many a puff, together with her thanks. Pimples and brown liver spots are also removed by this remedy."

Alternation of Drugs. — Dr. B. F. Gibbs read a well-written paper on alternation of drugs, which furnished much food for thought. He said that a few days ago he received a pamphlet from a western homeopathic pharmacy containing a long list of combination tablets, with indications for their use. On the first page was an argument for the compounding of these combinations, the tenor of which was that it was the experience of every practicing physician that he found it impossible to cover all the symptoms with one remedy, and that the most successful physicians, both in curing disease and financially, used these combinations. It may be good practice; Dr. Gibbs did not like to condemn what he had never tried, but he did not believe it. It was certainly an easy method of prescribing; it required no thought of differentiation, no research in selecting the similimum. Alternation in his opinion is an entirely different thing. We often find dissimilar and distinct sets of symptoms existing in the same patient at the same time; one remedy does not cover them all, although it may be unmistakably indicated; in fact, another remedy may be as surely indicated for other symptoms of equal importance. If these two drugs are not incompatible or antagonistic, thereby rendering each other inert, it certainly seems reasonable that we should employ both. It is customary to allow quite an interval to elapse between the administration of the remedies, which naturally gives each one some time to act independently of the other. Interpolation of remedies is practiced by all homeopathic physicians, so far as his information goes, and is practically the same thing, although the intervals between the administrations are longer.

The foregoing is indisputably a plea for the alternation of drugs, but only under the conditions cited. It offers no excuse whatever for the employment of a fixed combination of remedies, which should be discouraged and combated by those who wish to see homeopathy preserved in its simplicity and efficacy. He was convinced that alternation is very commonly practiced. Alternation is not theoretically good homeopathy, and should be avoided as much as possible. The best way is to find the remedy, the single remedy, the similimum. In this way only can we with any accuracy increase our clinical knowledge of the value of our remedies. There are certain chemical combinations of remedies which are very valuable; these are not mixtures, as Belladonna, Bryonia and Rhus tox, in one tablet, as quoted in the list spoken of, but they are individual substances, possessing in most, if not all, instances, some of the characteristics of the drugs of which they are composed, yet having a distinct individuality of their own.

Hahnemann in the Organon says: "In the treatment of disease only one simple medicinal substance should be used at a time." In reference to this section in the appendix he also says: "Some homeopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homeopathic to one portion of the symptoms of the disease, and where a second remedy seemed adapted to a second portion; but I must seriously warn my readers against such an attempt, which will never be necessary, even should it seem proper." With all due respect to the master, I believe that there are times when medicines may and should be alternated, and where such alternation has been to the advantage of the patient. I am very much afraid that there is a tendency with most of us, either from a constitutional disinclination to work, or from the rush and hurry of business, to fall into a careless routine method of practice which is detrimental both to ourselves, our patients and to our school of medicine. On the other hand, if we were to make a daily study of some portion of our materia medica with the same sense of duty with which we read the daily chapter in our Bible, and if we would but exercise careful study and exhaustive research in selecting our remedies for each individual case, our efforts would be crowned with such gratifying

success that we would find it less and less necessary to alternate our remedies.

Echinacea Augustifolia. — Dr. L. B. Swormstedt read an interesting paper on Echinacea augustifolia. He said that this remedy comes highly recommended from many western physicians of repute. Great claims are made for it which we would ascribe to antiseptics, antiferments and antizymotics. Its efficacy is in that condition, where there is a profound depression, like the results we would find from the introduction of some virus into the blood. Just such conditions we do find in those stricken down with such dread diseases as diphtheria. Why, then, should this not prove to be a great remedy? Dr. Hayes, of Denver, reports six cases of a malignant form of diphtheria successfully treated with Echinacea. Dr. Swormstedt has used it in several cases this fall which he believes would have resulted in diphtheria or diphtheritic sore throat, had they not been arrested within twenty-four hours. In one case particularly he remembered how well it acted. It was the case of a girl aged sixteen. He visited her in the morning, and found she had come home the evening before feeling chilly and aching all over, with much prostration; on examination found tonsils and pharynx swollen and congested, and both covered with a leathery-looking membrane. Thinking this was a good opportunity to try this drug, he put two teaspoonfuls of the tincture in a glass half full of water, and directed patient to take two teaspoonfuls every hour. Next morning found patient very much improved; throat cleared up nicely, and patient declaring that all the depression had disappeared, and she was feeling in every way greatly improved. The doctor said that he had the same experience in several other cases like this one. That it does arrest the most dangerous septic conditions there can be no doubt. It is predicted that it will be found a valuable remedy in diphtheria, and he would advise a trial use of the drug in some mild cases where there would be no danger in waiting twelve or twenty-four hours in testing its merits; but he did not advise the use of the 6th, 30x or 200x potency of it, as he was sure such potencies would fail to relieve a case. Give the tincture in five or ten drop doses, and see what is in it. He would not say that it would cure all cases of diphtheria, but it comes so highly recommended that he thinks it worthy of a trial, instead of resorting to antitoxin as a last resort.

ANIMAL KINGDOM.

A Second Chapter from Monroe's Materia Medica Manual.

BY A. LEIGHT MONROE, M. D., DEAN OF SOUTHWESTERN HOMEOPATHIC COLLEGE, LOUISVILLE.

You were told in the introductory chapter that drugs increased, decreased, perverted or destroyed function. It can be said in further amplification of that thought, though only in a general collective way, that vegetable drugs tend to increase functional activity, to produce fevers through vascular excitement, to produce diarrheas and other discharges through over functional excitement of the bodily secretions, to produce anxiety and noisy mania by over exciting the mind; that the mineral drugs decrease function by their power to produce vital depression to the point of paralyzing organic life. So it can be as truthfully said that animal drugs pervert functional activity in the largest sense, quickly causing mental and physical perversions, mental emotions of the most loathsome, disgusting and terrible sort, accompanied by degenerative changes in blood and tissue to the point of decomposition. The most acute agents of these three classes threaten life in poisonous doses; the vegetable, through violent functional excitement, over nutrition; the animal through equally rapid disorganization, and the mineral by slow, profound, destructive changes wrought upon vital organs, through the vegetative nerve centers. The vegetable drugs may be said to be suited to acute conditions of over nutrition with tendency to quick resolution; the animal drugs to acute conditions of perverted nutrition with tendency to quick destruction; the mineral drugs to chronic conditions of under nutrition, whose tendency is downward and deathward. The animal drugs may be said with equal truth to stand between the vegetable and mineral drugs pathogenetically and to be suited to pathological states not perfectly covered by either of the two. All of these drugs of animal origin produce depressed, depraved and disgusting mental states, emotions and impulses all the way from disgusting obscenity to homicidal manias. All exert a destructive influence on the blood composition, with separation of its elements, oozing of its watery pits into the tissues, explaining the dropsies, low grades of inflammation and gangrene exhibited throughout their pathogeneses. We find under the snake poisons the edemas, destructive inflammations and gangrenes; under the spider poisons similar states, under the insects, as Apis mellifica and Cantharis, edemas, vesicular skin troubles, and inflammations of the urinary organs. Under the animal secretions we find distressing mental states, discolored tissues, from blood decomposition, hysterical symptoms and chorea. Under the animal nosodes we find conditions of great vital depression, with suppurative diseases of a destructive nature and excoriating secretions.

The more minute differences, however, can be best understood after minute individual study.

Snake Poisons.

Lachesis Trigonacephalus.— The virus of this intensely poisonous South American viper was introduced into homeopathic materia medica by the late Dr. Hering. Its position as a drug is unique and important in the highest degree. Its careful study will richly repay the student, not only because of its extended clinical usefulness, but also because it is the grand animal polycrest, occupying the same position in the animal kingdom that Aconite does in the vegetable and Sulphur in the mineral.

Not only does it serve the student well as a standard of comparison for the other animal drugs, but its action all along the line is fairly typical of all of the animal secretions which it is well worth his while to study.

General Analysis: The action of Lachesis poison upon the body may be conveniently divided into Local and General. The reptile, like all of the ophidians, is supplied with a perfect hypodermic syringe in the shape of a hollow, pointed fang, reinforced with a muscular bag containing the virus.

General Effects: A few seconds after the poison is injected the blood throughout the body is infected. Its elements separate, the solid portions remaining in the vessels, dark and grumous, presenting the appearance of charred straw; the serum oozes into the tissues, causing general edema and there are collapse symptoms from shock and stasis.

Local Effects: If the poison is not immediately

fatal the wound turns purple, becomes gangrenous, the tissues disintegrate and there is black, offensive oozing.

Taken internally, the poison acts less violently and there are obtained mental and nervous symptoms which distinguish its individuality. Mentally there are first excitement and loquacity, followed by muttering delirium with illusions of a frightful variety, the patient being in constant dread. "He thinks the nurse is trying to poison him, so refuses to take the proffered medicine," he is suspicious; in milder forms he is jealous, or he thinks himself under superhuman control. These mental symptoms are most often useful in the treatment of low adynamic diseases. The most pronounced nervous symptom prevading the whole epathogenesis of the drug is a cutaneous hyperesthesia, an intolerance of touch or pressure. So in tonsilitis the patient will not suffer a cloth around his neck He even refuses to allow his collar to be buttoned. In abdominal or pelvic diseases the pressure of the waist band or of the bed clothing is intolerable. Where there is local inflammation, as erysipelas, boils, carbuncles, dressings are the source of great discomfort. This symptom should be distinguished from the Arnica and Belladonna intolerance of pressure, arising in the one case from the natural soreness following trauma and in the other from the natural hyperesthesia of acute inflammation. The Lachesis hyperesthesia is purely a nervous symptom and the sensitive parts are worse from gentle than from deep pressure.

I have taken pains to make this careful distinction because it is the most constant characteristic of Lachesis and must be understood before intelligent differentiation can be made from Arnica, Belladonna and other analogues in inflammation. Another thought which has not heretofore been sufficiently dwelt upon is the relief of Lachesis symptoms by discharges and their aggravation from suppression; the throbbing headache of nasal catarrh is better after a profuse watery discharge and the ovarian pains are better after uterine discharges; asthmatic paroxysms come on awakening and are relieved by profuse watery expectoration.

Conversely it is well suited to the hot flushes, congestive headaches and numerous symptoms coming on at the climacteric and during pregnancy at the time that the menstrual epoch should appear. Another pivotal symptom, appearing as a sign board almost universally, "aggravation after sleep," may be partly explained, especially in respiratory diseases, by the fact that during the inertia of sleep secretions accumulate instead of being expectorated. There is in general diseases almost a paralytic weakness, muscular tremor, "the tongue trembles when protruded." Add to the above analysis, three other pivotal symptoms and the drug picture is quite complete—one, that its diseases are left-sided, another, a constant tendency to spasm of the glottis, and lastly that all secretions are very offensive. Its clinical study is made easy by a division into general and local symptoms.

Lachesis in General Diseases Typhoid Fever and Typhoid States.— Loquacity, patient jumps from subject to subject. Later, there is low, muttering delirium, a delirium tinctured throughout with dread and suspicion, fear of poison, of mastery by another's will, thinks himself dead. Tympanitis with intolerance of the weight of the bed clothes, watery offensive diarrhea, with constant urging from an irritable sphincter, great prostration, hippocratic face, offensive sweat, petechial spots over the surface of the body, tongue dry, red, cracked, protruded with difficulty, or catches in the teeth, dark, offensive hemorrhages like "charred straw" from bowels, nose or uterus, bed sores, worse after sleep.

Analogues: See Bryonia.

Associations.

BRITISH HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY J. RICHEY HORNER, M. D., PITTSBURG, PA.

It gives me great pleasure to be able to send you the following complete report of the November meeting of the British Homeopathic Medical Society. The meeting was very largely attended, the spacious Board Room of the Homeopathic Hospital on Great Ormonde street being crowded. As you see, the subjects for the evening were entirely of a surgical nature, and the treatment of this very important branch shows that the homeopathic school is rapidly forging to the front and holding its many already gained laurels.

I am greatly indebted to Mr. Knox Shaw, the very efficient honorary secretary of the Society, for his valuable and generous assistance in preparing this report.

The first paper presented was that by Mr. Wright, which appears in full in this issue of the Century, and to which your readers are referred.

Discussion of Mr. Wright's Paper. — Dr. Chapman said he had observed that after the removal of the growth there was a re-formation of the tissue.

Mr. Gerard Smith wished to ask with regard to the local use of cocaine whether the author had observed as a regular thing that there was a secondary action after the constrictive action of cocaine. He fancied he had himself seen rather serious secondary edema or relaxation greater than the normal after the tissue had been constricted by cocaine used as a spray in the throat.

Mr. Knox Shaw, referring to the benefit accruing from the use of cocaine, recalled some cases where he had known patients become confirmed maniacs from its use. He thought one should be particularly cautious about recommending cocaine as a local application, to be used at the patient's discretion. In the earlier stages of the hypertrophic condition he had found Sanguinaria 2x in the form of a snuff of very great value. It is no doubt important to free the nasal apertures for breathing, but one should be cautious. Mr. Wright said he had had no bad results as yet, but it was possible that he had not waited long enough. He (Mr. Shaw) had seen an absolutely opposite condition to hypertrophy—atrophy of the mucous membrane—follow. The patient had so much breathing room and so little glandular structure to do the necessary moistening of the air that he suffered all the miseries one associates with atrophic rhinitis. He had occasionally removed turbinates, but he had often found a mere linear scarification with a cautery to do almost as much good as removing the whole bone. There were, of course, certain cases where the posterior turbinal end was so hypertrophic that there was nothing for it but removal.

Dr. Hayward had hoped to have some medicinal information as well as surgical given in the paper. He was very grateful for Mr. Wright's full and complete surgical exposition, but he

thought as homeopaths we had other resources besides the snare and caustic. He hoped, therefore, that Mr. Wright would supplement his paper by giving some medicinal information in his reply.

Dr. Clifton said that while he could not say he would never resort to the knife, he had had sufficient experience to know that he could cure a very great many cases without operation.

Dr. Roberson Day mentioned three medicines which he had found useful. The first, a warm spray of Hydrastis canadensis, which, persevered in, had been productive of benefit in many cases. The second, saline solution, perfectly prepared from sea salt. The third was a snuff consisting of Kali bichromicum 3x. There were, however, many cases which had to be treated surgically, owing to the advanced stage the disease had reached before medical aid was sought.

The president, Dr. Madden, asked whether the author had been able to find out if there was any particular form of nasal hypertrophy which was at the root of the tendency to hay fever. No doubt there must be some abnormal condition of the nostrils to make one liable to hay fever, and if it were possible to distinguish the variety, whether inflammatory or varicose, it would be a great help in the choice of the remedy.

Mr. Wright, in reply, said he had not seen actual edema produced after the application of cocaine, but certainly the vessels had become more relaxed. The ultimate action of cocaine, like all temporary stimulants, was depressant after a certain time, and Mr. Shaw had rightly cautioned every one against using it too freely. Nasal respiration is a very important subject, and one in which Dr. Byres Moir had taken no small share in bringing before the society. He (Mr. Wright) had also gone into it fully in a previous lecture. With regard to hay fever, Dr. Blackley, Sr., who had been the first to work it out thoroughly, had shown that the presence of pollen and other substances in the air was the actual exciting cause. Since his investigation it had been shown that two other factors are also necessary—a peculiar nervous susceptibility on the part of the patient (neurotic temperament), and an abnormal condition of the nasal membrane. It is that abnormal condition which allows the patient to be the subject of violent attacks of catarrh whenever the pollen is about. It is the easily disturbed nervous system which leads to that abnormal condition. He was inclined to think that the turbinal varix which is produced by the vaso-motor paralysis is the expression of the lowered nerve vitality. Hay fever can sometimes be relieved by Euphrasia and Gelsemium; but if these fail, the most rapid method is to cauterize the lower turbinates, or any hypersensitive areas of mucous membranes by Chromic acid. He very much doubts whether Mr. Shaw's case was one of atrophic rhinitis. It is well recognized that that is the result of one thing only, purulent rhinitis of children. True atrophic rhinitis could not be produced by operative treatment of the nasal cavity. Certainly not by removal of the lower turbinates. But one might get a certain amount of dryness in the nose of a patient, which to his mind was entirely different from atrophic rhinitis in that a little care would easily remove the unpleasant symptoms. He had withheld medical treatment in the paper because, first, he wished to spare those gentlemen who would follow him, and, secondly, he found that when surgeons began teaching medicine to physicians, they only got into hot water. Physicians generally seemed to know so much about treating medical cases that he would not try to tell them any more.

Mr. Wright illustrated his paper very fully with the aid of lantern slides, which were splendidly gotten up, and added very much to the interest in his work. He certainly deserves immense credit for the trouble he took to make his subject both instructive and interesting.

During an interval between the reading of this paper and Dr. Burford's paper, Mr. James Johnstone, F. R. C. S. (England), M. B., showed on the screen some fine slides of micro-organisms, a subject which he has developed a great deal. He is considered an authority on the microscope. Last year he contributed to the volume of London Homeopathic Hospital reports a very valuable paper on "Two Cases of Ulcer of the Lip: Their Differential Diagnosis by Microscopic Examination as an Aid to Successful Treatment."

Dr. Burford now presented his paper, which is also given insertion in this issue.

Discussion of Dr. Burford's Paper.—The president, Dr. Madden, expressed regret that in Dr. Burford's search for records of cases of cystic tumors cured by treatment or disappearing while being treated, he had not hit upon one which he, the president, had reported a few years ago, which disappeared under Bovista. In that case he had had the advantage of the diagnosis of Mr. Lawson Tait, who said that it was a broad ligament cyst and probably disappeared spontaneously through bursting. It certainly disappeared rather rapidly, and very probably it did burst. It was impossible to exaggerate the advantage of papers such as Dr. Burford's, both in making more clear and exact their estimates and knowledge of the subject and in encouraging them to persevere in treatment, both medical and surgical, however hopeless those cases may appear at first sight.

Dr. Goldsborough, referring to the case here mentioned by Dr. Burford, said it was that of a girl of sixteen or seventeen, in whom he (Dr. Goldsborough) diagnosed ovarian tumor. He had not the faith to put the patient under a course of medicines, but thought it desirable she should be treated surgically. That was in the days when such an operation as ovariotomy could not be performed in the homeopathic hospital. So he sent the patient to a distinguished allopathic surgeon in London. This surgeon agreed with the diagnosis, but did not think it desirable to perform the operation at once, prescribing instead a decoction of Broom. In the course of a short time the tumor entirely disappeared, and the girl is now, ten or twelve years afterward, perfectly well. Dr. Burford had raised a very interesting point as to the relative absorption of inflammatory adhesions in the peritoneum and the pleura. No doubt inflammatory adhesions were absorbed very much more rapidly from the peritoneum than from the pleura. He (Dr. Goldsborough) had had a case of acute peritonitis when he had thought he should have to ask the aid of a surgeon, but the adhesions were becoming rapidly absorbed under the administration of Sulphur, whereas one would hardly expect adhesion of the pleura to be absorbed at all. With regard to the case of solid tumors, which Dr. Burford cited, the patient being a girl of seventeen, there was a slight rise of temperature before the operation, for some two months, generally to 99 or 100 degrees Fahrenheit. He would ask Dr. Burford whether that was in any way a valuable indication as to the character of the growth.

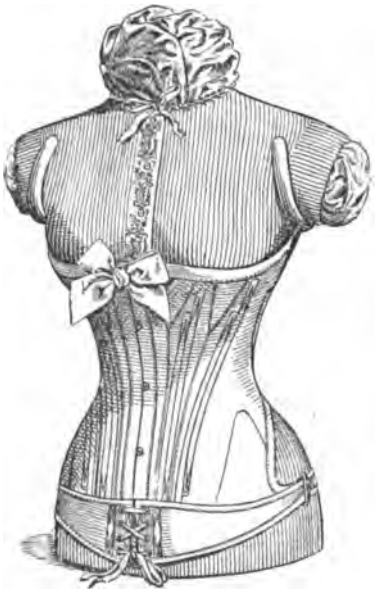
Dr. Neatby said the margin between malignancy and innocency in a growth like a papillomatous tumor of the ovary is very small. A case was recently under his notice where the papillomata had penetrated the cyst wall and disseminated themselves in the peritoneum. The patient had come there from a London gynecologist who had diagnosed the condition as malignant, and refused to operate. He (Dr. Neatby) concurred in the diagnosis and also agreed that no operation was feasible, except that of repeated tapping or drainage. In this case the amount of fluid that developed when once extension to the general peritoneal surface had taken place, was enormous; perhaps five or six times he had removed from ten to seventeen pints of fluid at a sitting from the patient; a thick, brown, dirty-looking fluid, highly albuminous, but not containing any characteristic cellular elements. The Chemical Research Association had repeatedly examined it for him. After death an autopsy was made, and the papillomatous nature of the growth was made evident. He had since wished that he had done something in the way of operation, but the results would still have been doubtful. Sometimes, while the disease was going on, complete amenorrhea was induced. The symptoms in those cases often occurred when rupture took place. One might get them growing very quietly, less rapidly than ordinary ovarian cysts, and scarcely drawing attention to themselves until rupture took place. Then a change of symptoms, such as had been described, might occur. At the present time he had under observation two small ovarian tumors, the nature of which he conceived to be fibroid, because they went on from month to month without any perceptible alteration. Amenorrhea had been induced in one of these cases. He called to mind a very interesting case of sarcoma in a girl of about nineteen, in which a tumor had been existing for about eighteen months, causing no symptoms beyond those of gastric reflex irritation. He did not see her until at the last. She was seen by Dr. Smith Haywood, who concurred in the diagnosis, which was confirmed by the growth of a hard tumor in the thyroid, probably of a sarcomatous nature. That patient promptly died. With regard to broad ligament cysts, one feature, which is a little misleading, is that they sometimes vary in size, and one thinks them cured when they are not really so. Simple broad ligament cysts occasionally almost disappear and yet fill up again to the size of a child's head. That had occurred also in one case of ordinary ovarian tumor, where the history was extremely misleading, and if one had not placed confidence in the physical signs, the diagnosis would have been different and the result of treatment, also. The removal of the tumor was successful.

The president (Dr. Madden) asked whether Dr. Burford could confirm the opinion that strangulated ovarian cysts were almost always to be found in the left side, and the twist always in the same direction, indicating that it was caused by some general involvement of the intestinal organs, the filling up and emptying of the rectum, or whatever it might be.

In connection with broad ligament cysts he had had rather a unique experience some years ago, when treating a cyst about the size of an orange. It disappeared for about a month, and then reformed. It then actually disappeared under his hands, evidently bursting during bi-manual examination.

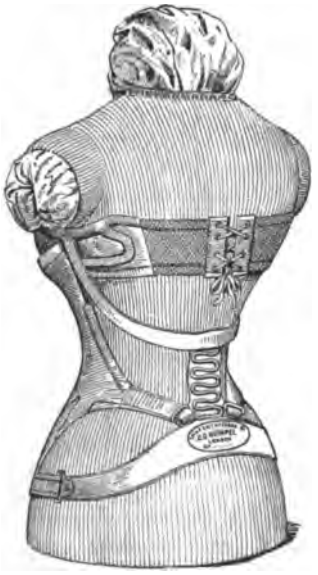
Dr. Burford, in reply, said that the case alluded to by Dr. Goldsborough—one of sarcoma of the ovary, in a young girl—had presented much difficulty in diagnosis. The patient was seen while in the hospital by one of the most distinguished gynecologists of the day, who ventured the diagnosis of suppurating dermoid.

He did not think that a slight rise in temperature was distinctive of sarcomatous growth—such a subfebrile movement was common to many pelvic and



GUMPEL'S SUPPORT.

other lesions. Yet in connection with this he would mention another case observed, a cure of renal malignant disease, and probably sarcoma, where a slight sub-febrile temperature was noted. Referring to cysts whose pedicles are twisted, his (Dr. Burford's) view was that axial rotation occurred early in the history of the case, and strangulation at some



GUMPEL'S SUPPORT.

late date. He had removed a large ovarian cyst with a well-twisted pedicle, where no signs of strangulation, past or present, had appeared.

Dr. Burford had for the inspection of the members, a number of jars containing growths which he had removed. His presentation of the subject was warmly commended by all.

Mr. Gerard Smith, M. R. C. S., had on exhibition

one of Mr. C. G. Gumpel's spinal supports. This was referred to in a former letter, and I enclose herewith a very excellent cut of the same, and hope it may be reproduced. Mr. Gumpel, who is an orthopedist of repute in London, believes, as he says, of spinal curvature, "Prevention is better than cure. The first is possible; the latter doubtful, if not impossible." So he recommends his support. It can be modified and fitted for a person of any age; is very light and yet very strong and durable. It excited very favorable comment among the members.

So ended a rich and enjoyable meeting, and adjournment was had to the West End residence of Dr. Byres Moir, where a very elegant and substantial supper was served by the doctor.

Rhinology.

CHRONIC RHINITIS AND ENLARGEMENT OF THE LOWER TURBINATE BODIES.

BY DUDLEY WRIGHT, M. R. C. S., LONDON, ENGLAND.

The first steps of the student of rhinology are often beset with difficulties which are not perhaps encountered by those studying the diseases peculiar to other organs of the body. The most common disease of the nose, viz., chronic inflammation, is apt to evince such a variety of forms, and lead to changes apparently so diverse in nature and so different from the results of chronic inflammation of other parts, that the beginner is often unable to make a connected whole of the various pathological pictures presented to his view.

I believe that much of this difficulty will vanish so soon as we clearly recognize that the character of the morbid changes met with depends for the main part upon two factors: First, upon the original structure of the nasal mucous membrane, and, secondly, upon the physical conditions which obtain within the nasal cavity.

It may be urged that this is a self-evident fact, and likewise applies to pathological conditions in any other organ. This is true, but I believe that environment, even if it does not play a greater role in the nasal cavity than it does in other parts in modifying pathological change, is acting in the former case in such an unusual direction that we are made more forcibly aware of its workings.

As regards the normal structure of the nasal mucous membrane, I would only remind you that, so far as the respiratory part of the nose is concerned, it is covered with a layer of ciliated epithelium lying on a basement membrane. Numerous mucous glands contained in the deeper lying tissues open on its surface. Examination of the deeper parts of the membrane shows its matrix to be composed of a net-work of areolar tissue, in which the above-mentioned glands, which are of the racemose type, are embedded. In the lower turbinated body, in the free edge of the middle turbinate, and also in some parts of the membrane covering the septum, a system of cavernous spaces containing blood and surrounded by a few layers of unstriped muscular tissue is met with. These spaces are very similar in appearance to those contained within the corpora cavernosa of the penis, and are capable, by reason of their surrounding muscular fibre, of undergoing considerable variation in size. This unstriped muscular tissue, as is always the case, is supplied by the sympathetic nervous system.

In health the glands above mentioned constantly pour over the surface of the mucous membrane an amount of mucus sufficient to keep the parts in a moist and pliable condition, so that changes in volume relative to the amount of blood supply may

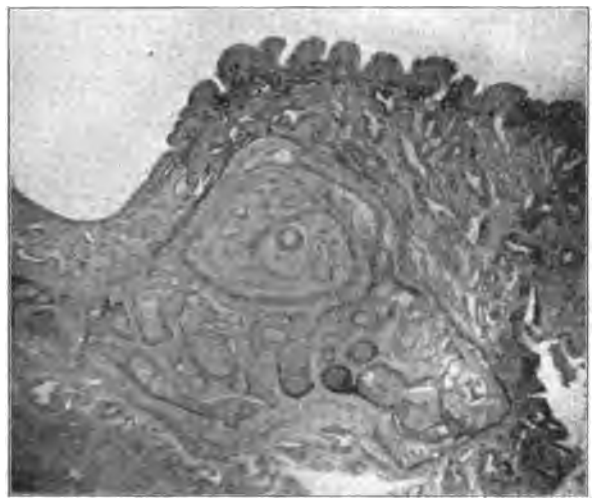


FIG. 1.
Section of a Lower Turbinate Body, including the Bone, seen under a Low Power; the Cavernous Spaces, surrounded by Visceral Muscle Fibres, are seen.

rapidly take place. Some mucus-containing cells are found between the ciliated cells which also add their quota of secretion. From the blood in the cavernous spaces exudes a serous fluid whose purpose is to supply to the ingoing air the moisture which is necessary, and it is also probable that these same cavernous spaces act by means of the warm blood contained within as a natural warming apparatus by which the inspired air is brought up to the required temperature.

We may now study the effects of inflammation upon the structures above considered. In acute inflammation the tissues are swollen, owing to the fact that more serous exudation takes place than can be conveniently got rid of by the lymphatics.

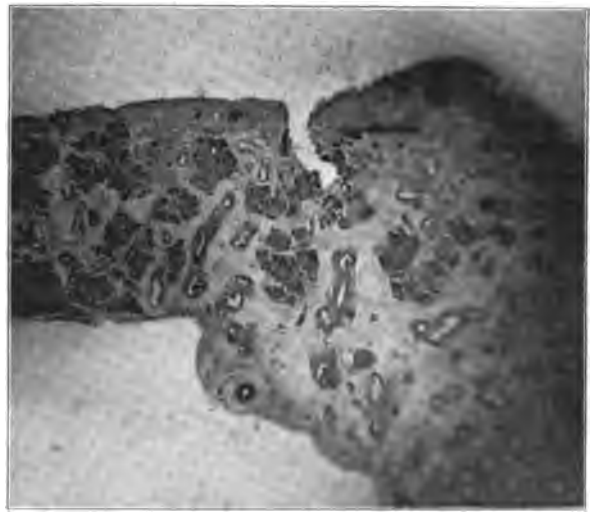


FIG. 2.
Section of a Normal Lower Turbinate, showing Cavernous Spaces and Racemose Mucous Glands.

The superficial epithelium is cast off more or less rapidly, and these defunct cells, together with numerous white cells which have passed out from the blood vessels and cavernous spaces, and migrated toward the surface, constitute the purulent

secretion which is met with in certain stages of acute rhinitis.

This migration of white cells is very clearly seen in sections of the tissues, and they are particularly abundant around the glands and immediately beneath the basement membrane of the epithelium, which evidently retards to some extent their further progress.

The inflammation having passed into the chronic stage and persisted for some length of time, the same changes are then met with as are observed in other parts of the body. The production of fibrous tissue is often marked, but one usually fails to find the same shrinking and atrophic changes which long standing inflammation produces elsewhere. Clinically we nearly always find hypertrophy of a more or less persistent nature, and which but seldom, if ever, passes into the atrophic form. This latter condition is met with under entirely different conditions and the pathology of the so-called "atrophic rhinitis" is, I am convinced, essentially different from that of the form we are now considering.

The question naturally arises, how is it, then, that this hypertrophy is persistent? I believe it is chiefly owing to the continuance of the water-logged condition of the tissues which we have seen to be a characteristic accompaniment of the acute inflammatory stage. We have, in fact, to deal with a condition of chronic edema, a state of matters which will persist so long as the cavernous spaces continue to pour out the serous fluid.

When this water-logged condition has reached a high grade, microscopical examination will reveal considerable change. This is most marked at the anterior and posterior extremities of the lower turbinated body, but it reaches its greatest amount of development in the free overhanging edge of the middle turbinate and those masses of swollen mucous membrane which spring from the region of the opening of the maxillary antrum. In fact we find this edema greatest where the physical conditions and environment are most favorable to its production and maintenance. If we remove any of these parts so affected, and after the usual hardening and staining process examine with a low power of the microscope, the tissues will appear thinner than natural, and the connective tissue basis of the parts will be seen to be very loose and attenuated, individual fibres being often separated, so as to form an open net-work, within the meshes of which fluid containing a few white cells is found. This fluid is partly serous and partly mucous, as can be ascertained by the usual tests, and is similar in all respects to that met with in ordinary mucous polypi of the nose. In fact, the steps of the pathological process from simple inflammatory hypertrophy with edema to the formation of a mucous polyp are continuous, and there is no dividing line between the two conditions.

If this hypertrophy commences in the upper part of the nose, such as the region of the middle turbinate, it will form a lobular growth which will in time assume the features of a polypus. It is obvious that a similar process commencing in the lower part of the nose, inasmuch as it will receive more support from the surrounding parts, and will not have the aid of gravity to cause its increase, will show but little tendency to pass beyond the stage of hypertrophy with a slight edema.

Numerous examinations of fresh and prepared specimens have convinced me that this is the true explanation of the occurrence of mucous polypi in the nose, and the researches of Dr. Jonathan Wright, of U. S. A., on the same subject, amply confirm this view.

So much, then, for the effects of chronic inflammation of the nasal mucous membrane. We will now pass on to consider another form of enlargement of the lower turbinate, which is occasionally met with.

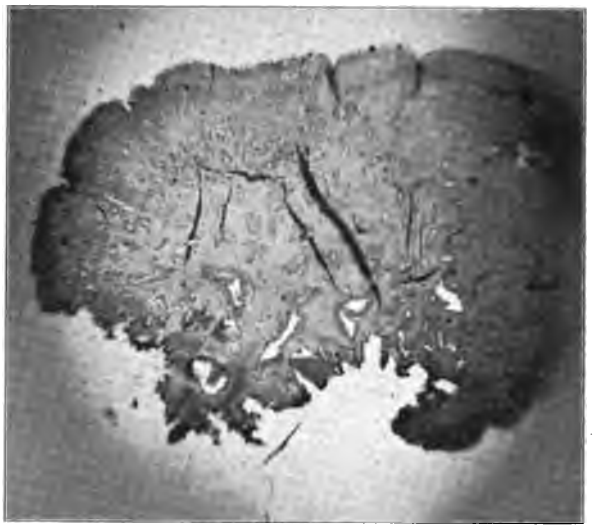


FIG. 3.
Showing the Effects of Chronic Inflammation of the Nasal Mucous Membrane. Mucous Polyp.

In this form microscopical examination shows but few signs of inflammation. What is noticed is the enormous multiplication in size, and probably also in number, of the cavernous spaces before mentioned. Besides the enlargement of the spaces themselves marked atrophy of their circumferential muscular tissue is also noticeable, in many cases the fibres being reduced to a thin single layer, this even at times disappearing. As in the former case, a certain amount of edema of the surrounding tissues is present, but there is a marked absence of fibrous tissue formation. The term turbinal varix has been applied to this condition, and considering the pathological changes present the name is not a bad one.

FIG. 4.
Turbinal Varix, showing Lower Turbinate. The Multiplication in Size and Number of Cavernous Spaces, together with Atrophy of surrounding Muscular Fibres, is clearly seen.

Though the cause of this particular lesion has not been definitely ascertained, there can be but lit-

tle doubt that we must refer it to a loss, or perversion, of nerve influence. It is particularly met with in young adults of a nervous temperament, and is often associated with asthma, and hay fever, and other nervous symptoms which are probably reflexly induced.

In both the forms of enlargement of the lower turbinate which we have been discussing, nasal obstruction with its well-known secondary features is the most prominent, indeed, often the only symptom.

In individual cases it is by no means difficult to distinguish between the two forms as they are met with in practice. In the first place, a patient with inflammatory hypertrophy seldom has any great amelioration of the obstructive symptoms. The tissue is dense and unyielding, and is not liable to any marked changes in bulk. On the other hand, when the enlargement of the turbinate is due to increase of the cavernous structure, various internal agents cause a notable and instantaneous diminution in its volume, so that within a few seconds all obstructive symptoms may disappear, to reappear as quickly so soon as the ameliorating cause has been removed. Thus, under the agency of fright or similar emotional disturbances, the application of cold, and other stimulants to the vaso-motor nerves, constriction of the cavernous spaces takes place. In practice this can be most easily brought about by the application of a 5 per cent. solution of cocaine; within a minute or two the lessening of the volume takes place, and the patient experiences much relief. This effect, however, seldom lasts long. We have thus a ready method of making our diagnosis.

In both forms anterior inspection of the nose will reveal the presence of the enlargement in the form of a round, sessile, reddish or bluish-red tumor, which pits on pressure with the probe, and whose surface is often rough and irregular. Associated with it are commonly found other evidences of inflammatory action; thus mucous polypi may be seen in the upper part of the meatus, and a deflection of a spur of the septum may be present, all of which will increase the existing obstruction. By posterior rhinoscopy the growth has an entirely different aspect. Here it is seen as a mulberry-shaped tumor, with a pale translucent look not unlike boiled sago. Thickening of the muco-periosteum covering the vomer is commonly seen here, too, the thickened portion likewise having a translucent aspect. It is not easy to diagnose this condition of the turbinate by digital examination of the posterior nares, for the growth, if it can be reached at all, usually collapses temporarily under the pressure of the finger, and so is not readily felt. With regard to the treatment of these diseases we must distinguish between those which are of inflammatory origin, and those due to vaso-motor disturbances.

In either case benefit from internal remedies can only be expected before widespread changes have resulted.

A very suggestive paper on rhinitis by Dr. Wesley Dunn, of Chicago, recently published, points out that in all cases treatment should be carried out on three lines, viz.: Sanitary, constitutional and special.

Under constitutional treatment he remarks that when nutrition is deeply affected with mental and physical mal-development, Baryta carbonica will encourage the nutrition; and that where the nerve force is lacking, resulting in an irregular development of the structures, the salts of lime, gold, arsenic and sulphur will be indicated.

For the vaso-motor paralysis, such as is met with in turbinal varix, vaso-motor remedies such as Camphor, Cocaine (of course in small doses internally, and not locally applied), Gelsemium and Belladonna will probably do most good, or when nasal asthma and hay fever are present, Euphrasia and Arsenite of Strychnine are in my experience reliable remedies.

Any of these means should be supplemented by the use of alkaline antiseptic lotions, either snuffed up or sprayed into the nose with an atomizer. These help to clear away the mucus if secreted too freely, and also cleanse the surface and brace it up, especially if used cold.

In certain cases which do not yield to internal remedies local operative treatment is called for. Here our object should be to remove the overgrowth sufficiently to permit of free nasal respiration. This may be accomplished by cauterizing the growth with chromic acid, fused on the end of a probe, and neutralized in a few seconds by a solution of bicarbonate of soda; or else by means of the galvano-cautery, the red hot point being made to pierce the tissues of the turbinate down to the bone, so that the resulting scar may be bound down firmly to the latter structure.

In some cases the wire snare, either cold or heated, may be used to remove local redundancies of tissue, especially from the anterior and posterior ends of the turbinate.

In the most severe cases, entire removal of the whole lower turbinate may be performed by means of an instrument called the spoke shave. I have done this several times with the greatest benefit to the patient, and I have not found that the loss of this structure has been followed by evil consequences, and in one or two cases partial re-growth of the soft parts took place.

Clinical Medicine.

THAT WHICH IS WRITTEN.

Next to Godliness.—Cleanliness is the most important necessity in strumous ophthalmia.—(Dr. A. B. Norton.)

Picrate of Ammonia.—Distinct jaundice has been noticed in patients taking medicinal doses of Picrate of ammonia.—(Mr. West.)

Zincum in Diphtheria. — Zincum has given enchanting success in diphtheria where all hope has been given up.—(Dr. Woodward.)

Pessaries.—No one should undertake to place a pessary without a large number of different forms and sizes to select from.—(Dr. B. F. Bailey.)

High Dilutions.— In strumous ophthalmia the high potencies are most beneficial. Sulphur 200 effected a cure in one such case.—(Dr. Walter Wolston.)

Alcohol in Carcinoma. — Several cases of carcinoma treated twenty-three years ago with alcohol injections have shown no reappearance. Several large mammary carcinomata which had been declared inoperable were extirpated by the same treatment.—(Dr. Hasse-Nordhausen.)

Arnica.—Who of us has not given it for boils where they come out in crops, only to be followed by the same condition over again? It is the remedy where boils start, shrivel up and absorb.—(Dr. W. A. Humphrey.)

Etiology of Warts.—Mechanical irritation of the papillae is the cause of warts. The development of warts being always on those surfaces exposed to the action of foreign bodies lends weight to this theory. Childhood's delicate tissues favor easy penetration by such bodies, and it is in childhood that warts are abundant.—(Dr. Schaal.)

Coming to Homeopathy.—An operator of an X-ray apparatus has had his hands peeled and is threatened with premature baldness. This effect of the X-ray opens up some suggestive possibilities as to its future use in cases of cutaneous disorders, for a thing which harms may generally be employed as well to heal.—(Pall Mall Gazette.)

An Involuntary Proving. — Nitrate of Uranium produced in patient an attack of dyspepsia about every four weeks with a little looseness of the bowels. The action of the drug is slow to commence and slow to pass off. One gentleman, aged forty-one, could not take so much as three grains a day on account of the dyspepsia it caused.—(Dr. Samuel West.)

Stellaria Media in Rheumatism.—In provings several times made of this drug the excruciating rheumatic like pains it developed are long to be remembered. They are very severe and intense, they come on rapidly and are sharp and darting. There are also symptoms of soreness to the touch, stiffness of the joints and aggravation of the pain upon motion.—(Frederick Kopp.)

The Bells, Bells, Bells.—Is there more peace and comfort at a hospital than there is at home? Are all the clangs of the front door bells, the back-door bells, the up-stair bells, the down-stair bells, the call-bells and the answering bells, the elevator bells, the superintendent's bells, the street-car bells, and even the society belles playing "Heather Bells" on the piano—are all these heard at home?—(Dr. L. C. McElwee.)

Ferrum Picricum for Warty Growths. - Drop doses of Ferrum picricum, one to fifty solution, which was taken for an entirely foreign condition, caused the disappearance of some small corns, as well as the cuticular thickness on the outer flexures of the little toes. Ferrum picricrum prescribed for a very deaf old gentleman was also responsible for the disappearance of a large crop of corns.—(Dr. R. T. Cooper.)

Christian Science Faith-Cure.— The cure of disease is not a matter of religious fanaticism, but a result to be accomplished at the hands of an educated practitioner, skilled in anatomy, physiology, chemistry, materia medica, pathology, symptomatology and therapeutics. The Christian Science Faith Cure is one of the most hurtful and scandalous of barnacles that has ever fastened upon sick humanity.—(Dr. W. A. Edmonds.)

Hydronephrosis. — In lumbar nephrotomy, followed by packing and aseptic drainage, where a urinary fistula remains after three months, I have seen it happen that when we closed the fistula before the pus has entirely disappeared from the urine this closure acts as a curative measure and causes the pyelitis to cease. This is where the pus in the urine remained unchanged in quantity for some time before the closure of the fistula.—(Dr. Fenger.)

Muco-Purulent Rhinitis in Children. — It is very necessary that the family physician should give especial attention to acute and chronic purulent and muco-purulent rhinitis in children, as a large number of pathological conditions occurring in later life have their origin in this condition in childhood. Teach the children to breathe through the nose rather than through the mouth. Teach the parents that surgery can relieve those who are unable to breathe through the nose.—(Dr. S. S. Kehr.)

Deafness.—A large proportion of cases of deafness are more hopeless than any others from the homeopathic point of view, as many of them have no symptoms to describe beyond the deafness, and almost all drugs have deafness in some form or other. The diathesis of the patient must be taken as the keynote for indications. In the case of a lady with a phthisical family history Bacillinum 200 at long intervals effected a cure. Tinnitus was a remarkable feature supervening subsequent to recovery. It was cleared up by Kali hydriodicum.—(Dr. J. H. Clarke.)

Cutaneous Horns —The histological composition of these formations varies greatly. An accumulation of the inspissated product of the follicles of the skin and sebaceous matter becomes hard and transparent and is straightway converted into a substance with all the properties of horns.

Very different in their origin are the horns met with on the genitalia, which are the product of hypertrophy of the papillae and look like warts, and indeed are fibrous structures like warts. The first variety is resultant upon great activity of function and the second upon hypertrophic or inflammatory change. Some horns also combine the characteristics of both these varieties. Thuja is the remedy par excellence for horns of every description.—(Dr. Galley Blackley.)

The Yin.—The opium habit is known, and justly so known, as one of the most markedly deteriorative agents of the drug kingdom. Every opium smoker becomes viciously dirty in person and altogether run-down-at-the-heels. No reliance can be placed upon his word or honesty. He must have opium at any price to his morals. The most serious aspect of this evil is found in the increasing number of white people who are acquiring the habit. White men and women steal into Chinatown in great numbers for "dope" and the indellible brand of it is becoming stamped upon an appalling number of white faces. —(Frederick J. Masters.)

A Good Method for Artificial Respiration. — Place the patient in Sylvester's position, expand the thorax by drawing the arms well up behind the head, where the wrists are tied together. Press with the hands on the thorax eighteen or twenty times a minute. This extremely simple method is recommended as very useful in cases of asphyxia on account of its very simplicity, the small amount of labor required and the lessened fatigue of the operator; there is also an absence of danger from contusion of the shoulder joints and a commendable ease with which the procedure may be taught uneducated people for emergency action.—(Dr. Calliano.)

Acquired Phimosis.—In a case of acquired phimosis where circumcision was refused and dilatation was impossible on account of the thickened and sore condition of the terminal end of the prepuce, water pressure was employed to obtain the desired dilatation. Avoiding the urethral orifice, a small vulcanite tube was introduced into the preputial orifice and was connected by a long rubber tube with a vessel of warm water placed at a considerable elevation. By having the patient hold the prepuce tightly over the tube the gravitation of the

water immediately accomplished the needed distension. This process was repeated daily, using larger and larger tubes, until after a few weeks the urethral orifice was restored to its normal state.—(Dr. R. E. Dudgeon.)

The Diphtheria Bacillus.—One of the characteristics of the diphtheria bacillus is its extreme variability of form. The following varieties are those most often met with:

1. Thin, longish rods (3 to 4 per m. in length), straight or slightly curved, often with one or both ends a little enlarged, swollen and rounded. Commonly found in groups of two, less common in groups of three or more, in which the bacilli are arranged parallel to each other. It is also common to find them crossed over each other, in the form of a cross, or of a rosette.

2. Short wedge-shaped rods, sometimes in the shape of a diamond, which consists of two with their bases in apposition.

3. Long club-shaped rods, enlarged and rounded at one end, often very pointed at the other.—(Mr. Plummer.)

Time of Rupturing the Amniotic Sac in Labor.—The Atlanta Medical and Surgical Journal gives the following rules: 1. In multiparae, rupture when the os is fully dilated. 2. In primiparae, delay until the soft parts are also dilated. 3. In cases of face and breech presentation, delay in rupturing the sac is best. 4. When the pelvis is small and the foetus large, delay rupturing. 5. In premature labor, with a dead foetus, rupture early. 6. Rupture the sac early when the membranes are unusually thick, tough, and unyielding. 7. When speedy delivery is demanded, rupture early and dilate with the fingers. 8 Rupture the sac when an excessive amount of amniotic fluid retards labor. 9. When version is necessary, and can be accomplished by bimanual manipulation, perform this operation before rupturing. 10. Remember that a dry labor is always to be deprecated; hence do not rupture at all, unless for good reasons and the case demands it.

Mosses from an Old Manse.—"This Salt is the essential part of Amber, of exceeding great vertues, and indeed much transcends either the Spirit or Oyl, for that it is the real Soul thereof. It's powerful against a Leucoplegmatia, and the first beginning of Dropsies, where it is wonderful; for that it powerfully discharges the Spleen, and other parts of the lower Belly, by Urine and transpiration; besides which, it is good for all that simple Amber is good for, and acting with four times the strength that simple prepared Amber can act withal. It is good against all Distempers of the Head and Brain, comforts the Nerves and Womb, opens Obstructions, and is prevalent against Scirrhus and other Tumors of the Liver, Spleen and Mesentery. Dose a gr. iv ad one scruple in Wine, Broth or other proper Vehicle. It is powerful in Vertigo's, Lethargies, Apoplexies, Epilepsies, Convulsions and Palsies, but chiefly for Diseases of the Womb. It kills Worms, and is a preservative in Pestilential times. There are few Medicines which equal this, for the Diseases which it is designed for."—(Salmon's Doron Medicum.)

Mercurius Vivus.—Orchitis gonorrheica, balanitis and balanopostheitis just as with Mercurius solubilis. Macular syphilides, also with infants. Tremor mercurialis.

Pathology.

THE MICROSCOPIC EXAMINATION OF SPUTUM IN RESPIRATORY DISEASES.

BY G. W. HOPKINS, M. D., CLEVELAND, OHIO,

Second Paper.

Few problems confront the average practitioner in his daily work which are solved with more difficulty than the accurate diagnosis of certain obscure cases of throat and lung disease. The early differentiation, for example, between certain tubercular and non-tubercular cases is a most difficult matter, even among expert physical examiners, and upon the early recognition of the true pathological condition in these cases frequently depends the saving or the loss of life. The curability of tuberculosis in some cases, at its very commencement, can hardly be questioned any longer. Among the prominent investigators who claim its curability are Heitler, of Vienna, and Oliver, of Baltimore. The former held autopsies on 16,562 subjects who had died of diseases other than tuberculosis, and in 780 cases found unmistakable evidence of spontaneously cured tuberculosis. The latter, in a large series of similar cases, found similar evidence in 75 per cent. of his subjects. In view of the fact that so many of these cases are cured, either spontaneously or under treatment, it would certainly seem that if the disease were always recognized at its very inception and combated by appropriate measures the fatality among its victims would be much less frightful than it is. Unfortunately, in fully one-third of all cases of tuberculosis the disease is not correctly diagnosed until so far advanced that the whole community recognizes it as such, and the best directed efforts to effect a cure are all in vain.

We can therefore safely say that the prognosis in a given case of tuberculosis depends in large measure upon the stage which the disease has reached before being properly recognized and appropriately treated. In other words, the essential to success in curing the curable cases of tuberculosis (and who shall say how many are curable?) is an early and absolutely correct diagnosis. Nor is this the only reason why an early recognition of tuberculosis is highly important. Upon the general management of, or rather failure to manage, these cases depends, in no small degree, the propagation of this terrible disease. A man or woman who is unconsciously a victim of tuberculosis goes about expectorating here and there, frequently in a most fertile soil for the development of tubercle bacilli; the atmosphere becomes thoroughly contaminated; others in the same family or dwelling, who, for some reason are predisposed, contract the disease, repeat the same performance, and so the disease goes on, multiplying its victims. It seems quite probable that frequently a tubercular case infects many other people before it is diagnosed as such. By recognizing these cases at their very inception, or very early in their progress, and using all the agencies at our command to prevent the infection of others, we can do much toward diminishing the numbers of the now ever-increasing army of consumptives.

The question which naturally presents itself is, "How shall tuberculosis be recognized at its very commencement?" and it is here that the microscope comes to our aid, for by it we can usually detect the presence of tubercle bacilli in the sputum, long

before the history of the case or the physical signs will indicate that disease. This examination is so valuable, yet so easy and inexpensive, that every practitioner should always employ it, at least in suspicious cases. The writer follows the custom of examining the sputum in every case of cough and expectoration presenting itself for treatment, and while the results are frequently negative, not infrequently a case is found to be tubercular where tuberculosis had hardly been regarded as a possibility, and the appropriate treatment, thus early directed, has done more for the case than could ever have been done at a later period. Unfortunately the impression has gone abroad among the profession that in order to make satisfactory sputum examinations it is necessary to possess wide experience in this line of work and an expensive laboratory outfit. Really, any practitioner of ordinary aptitude should be able to acquire the necessary knowledge and a fair degree of skill in ten or twelve hours at the most. My experience is that students frequently acquire it in a much shorter time. As regards the expense of outfit, the only apparatus necessary consists of a few staining solutions, slides, cover glasses and a microscope. The latter instrument need not be expensive, unless one feels disposed to get something elaborate. Such an instrument as Bausch & Lomb's "A. A. 2, Continental" microscope, with 2-3-inch and 1-6-inch objectives, and costing thirty or thirty-five dollars, will give excellent service in this kind of work. The methods of staining are numerous, but most of them are based upon the fact that fuchsin has such a strong affinity for tubercle bacilli that when once stained with it exposure to solutions of nitric acid will not remove the coloring from them, though it will decolorize every other ingredient of sputum. The following is one of the best methods employed:

A little solid piece, preferably a thick, yellowish, cheesy lump, is taken from the sputum on a needle and squeezed between two cover glasses. One of these cover glasses is "fixed" by passing it (smeared side up) through the flame of an alcohol lamp or Bunsen burner three times. It is then flooded with Ziehl's solution (fuchsin 1, alcohol 10, 5 per cent aqueous solution of phenol 100), then slowly heated to boiling over the flame and kept boiling for a minute, the cover glass being kept well covered with the stain during the heating. The stain is then poured off, and the cover glass rinsed well in 8 per cent aqueous solution of nitric acid, followed by 7 per cent. alcohol. The cover glass is then dried, and flooded with Gabbet's solution (methyl blue 2, sulphuric acid 25, water 75), which is left in for thirty seconds, then washed in water until a faint blue color remains, then dried, mounted and examined, when, if the staining has been properly done, the tubercle bacilli will be dark red in color and the other ingredients blue.

One who wishes to acquire skill in this procedure will do well to secure a good specimen of sputum from a case which is known to be tubercular, and prepare specimens from it repeatedly until able to accomplish it quickly and well. Those who are in the habit of making frequent sputum examinations can usually complete it while a patient is putting on his clothes after an examination of the chest.

Few diagnostic methods pay as well for the investment of time and money as this one, and doubtless as the profession become more familiar with it, they will give it the prominent place to which it is by merit entitled in every-day practice.

Correspondence.

INTERESTING LETTER FROM LONDON.

Dear Medical Century:

This is to tell you that there is to be a new era in the affairs of homeopathy in London. Of course your many readers understand that our school is very poorly—in quantity, not in quality—represented here. There is a very good and sufficient cause for this in the fact that only qualified—that is, graduated—men and women are allowed to practice here, and that in order to obtain this requisite every one must go through the colleges controlled by our friends the enemy. So it is easy to understand why we are represented by so very few. Only one hundred—and the population is about five million. If a man is not turned from the straight and narrow path of homeopathy during his course through the colleges—well, something happens—the most of those who try do not succeed in passing the examinations. Of course this is not right, and the men, good and true, of our faith to the question, "Well, what are you going to do about it?" have answered, "We'll have a college of our own." That's easier said than done, but there is to be a beginning made. Everything, you know, has to have a beginning.

So, next spring, there is to be a regular course of lectures and clinical instruction inaugurated in the homeopathic hospital. There is certainly the material for both the lectures and the clinics. You never saw a brighter, more earnest set of men than they have here; men who think nothing of giving from four to six hours every day in the week to hospital work. Just this evening I met one of them at 7 o'clock; he was going home from the hospital, having been there attending to dispensary patients ever since 2 o'clock. And they all work like that. Not merely the young men, but men like Dr. J. G. Blackley, who has been practicing here for twenty-five years and who has certainly earned a rest from the exacting duties of dispensary and hospital work. They are all the same way. They work and work, and think nothing of it.

The clinics are very fine, afford abundant material for work, and the men know how to utilize them. So the school is to have a beginning, and it is the hope of the men here that all homeopathic men coming to London will register at the hospital, and, if possible, take the lectures. It will certainly help our men here very much, and in time they will be in a position to demand recognition by the powers that be, and ultimately to obtain the power to confer degrees and authority to practice. Then will homeopathy make great strides here, and become a power. I hope in a future letter to give you details as to the lectures. Meantime, don't forget that they are coming, sure.

It is with great pleasure that I make the announcement that Mr. Dudley Wright, M. R. C. S., and Mr. George Burford, M. B., have consented to act as London correspondents of the Medical Century, and your readers may expect a monthly letter from them. I am not making any promises. I know the men, and I am content to wait and allow each reader to judge for him or herself as to the letters. I think you have in store just twelve treats each year.

Last Thursday afternoon I was present by invitation at a consultation at the hospital. Five cases were presented and examined by the score or more of physicians and surgeons present. Dr. Washington Epps, the efficient honorary secretary, has

promised me details of the cases, and I shall take pleasure in making them the subject of a future letter.

I have still another promise in store for the readers of the Century, and that is a full report, with two papers, of the meeting of the society at which was given the report of the surgical section, two papers being presented and illustrated with lantern slides. I think it will make rather interesting reading. Mr. Gerard Smith, to whom I have had occasion to complimentarily refer before, also was in evidence with an illustration of a very unique form of apparatus in special relation to the necessity and nature of mechanical support for the spine in cases of spinal curvature.

Take it altogether, it was one of the most interesting society meetings it has ever been my privilege to attend. J. Richey Horner, M. D.

London, Nov. 24th.

NEWS-LETTER FROM SAN FRANCISCO.

After an enforced idleness of nearly three months I feel that I am about ready to resume editorial and professional work. My exceedingly pleasant journey through Colorado and visit on this coast have done me a world of good, and while hardly up to normal, I cannot gain my consent to remain idle longer, therefore the Medical Century may look for me home next week. I am not returning because I feel that the journal needs me, for its record since I was taken ill speaks a story of successful management and editorship that give contradiction to any suggestion that the presence of ye editor-in-chief is essential to the journal's prosperity or popularity. Out here on the coast Dr. Smith has won a decidedly satisfactory reputation as editor pro tem, while of course the master hand of the office corps is clearly apparent in every number. But I cannot longer remain idle, therefore my early home-going and this my first effort at journalistic labor since the middle of September.

En Route to Colorado. — Leaving Chicago on November 7th, I journeyed via the Alton and Union Pacific to Denver, making a stop of a day at Topeka for rest and a brief visit with my parents. Of course I gave consideration to no other route for my westward trip. We were so royally treated by the Alton-Union Pacific combination when the Institute met in Denver that I felt it a duty to go by this line. Furthermore, having made the trip by every road crossing the prairies and plains, and having found the one selected the most acceptable and interesting of them all, I saw no reason for thinking of any other. The trip from Kansas City to Denver is now made in four hours less time than when the Institute special was run for our accommodation and pleasure and the European style of dining car service has supplanted the old method of meal-serving. The road-bed, too, has been improved, the through train service being as nearly perfect as that of any Western road.

I expect one of my reasons for feeling most kindly toward the "Pathfinder" line is of historic nature. I lived in Lawrence when the old Kansas Pacific entered the state, and right well remember when the first and now primitive locomotive steamed into town. We had removed to Kansas in territorial days, when there was no line of railway beyond St. Louis. Our journey from Pittsburg was made by steamboat, requiring three weeks of time. Naturally, I was deeply interested as a boy in the incoming and westward going of the pioneer road, and I find I have since lost none of that interest. Early impressions are apt to be lasting, you know.

I have said I lived at Lawrence when the present Union Pacific came to town. Seven years of the most interesting period of my boyhood days were spent in that historic city, now the home of the splendid University of Kansas, which crowns Mt. Oread, at whose feet the city snuggles. It was during this period that Quantrell, the murderous border guerrilla, who was a terror to that whole country, came in upon us one August morning at daybreak and burned and pillaged the town, murdering her loyal citizens wherever a man could be found, and recording the foulest deed of the civil war. In the destruction of Lawrence every business block but one was burned, nearly two hundred residences were destroyed, and nearly two hundred loyal men were martyred. Our home was among those marked for destruction and was burned to the ground. Our honored father, known to the members of the Institute who attended the Newport meeting, was among the number selected to be massacred, and but for the devotion and heroism of our mother would have been sacrificed to the hatred the border ruffians held for all Union men, especially all enrolled with Jim Lane for the preservation of the Union and the saving of Kansas to Freedom. I recall with horror that fateful morning, and even now my blood curdles as I dwell upon hundreds of incidents of my boyhood days on the then frontier.

It was in Lawrence that I finished my student-days in medical study under the preceptorship of Drs. R. and S. K. Huson, and here I first flung my professional sign to the breeze. As we pass through the northern part of the city the buildings of the University are observable from the train, located as they are on the crest of the mount upon which, in boyhood days, we used to spend our truant hours in hunting and other outdoor pastimes, and over which hundreds of our citizens fled from the guerrillas in precipitous haste upon the occasion of their murderous raid in those "days which tried men's souls."

Upon reaching Topeka I found myself quite willing to rest for a day at my father's home. Still weak from my typhoid siege, the break in the journey was most acceptable. Dr. and Mrs. Lowry and Dr. and Mrs. Menninger were informed of my presence and favored the semi-invalid with social calls which were appreciated and enjoyed. Topeka has a substantial homeopathic profession. Their standing in the community and before the state officials and legislature is most excellent. While, as in most places, there are "wars and rumors of war" between individual members of the profession, yet on the whole the white-winged angel has spread her pinions upon them. The angel was out of hiding while I was in Topeka, so I was informed, and the brethren were dwelling together in peace and unity.

At Denver.—Speaking of wars and rumors of war brings me to Denver. The situation here is most unfortunate. Denver's splendid profession, which entertained the Institute so handsomely two and a half years ago, and toward whom we all feel so kindly, is severed in twain, now consisting of two apparently irreconcilable factions—and a few others. No one seems to be able to give an adequate reason for the present deplorable state of affairs. It is partly of a personal nature and partly referable to college management. On the one side is the college faction, Drs. Anderson, Smythe, Kehr, Burr, King, Enos, Storke and some others, while on the other side are Drs. Burnham, Walker, Kinley, Peck, Hart, Shannon, and their colleagues. The Denver College occupies a suite of office rooms in a business

block, and has a fairly good class this year, its officers and faculty apparently devoting freely of their time and energy toward the upbuilding of a creditable institution. On the other hand, the opposing faction has secured recognition for homeopathy in the medical department of the University of Colorado, or rather in the University itself, and Dr. Kinley is teaching homeopathic materia medica to all the senior students of the University, irrespective of medical predilections or prejudices. The out-of-the-college men have also secured the appointment of a corps of clinicians to work in connection with the college dispensary clinics, and these are faithfully striving to exemplify homeopathic tenets and practices there. Dr. Burnham is a member of the staff of the county hospital and daily gives to the patients who desire it our form of treatment; while, on the other hand, the college faculty are sustaining a residence hospital of no mean pretensions and are making it an institution upon which they base substantial expectations for the future.

Of course I cannot hope to accurately reflect all the particulars of the situation at Denver, but enough has been given to convince the profession at large that a little Sam Jonesism is needed in the Mountain City. The profession of Denver are not conserving their own nor their profession's best interests by keeping alive the present war. Enough was seen and heard to justify the prediction that all but one or two are heartily regretful that division has come, and if given half a chance it is believed union would follow as a natural sequence, because of the good sense which obtains in the individuals composing the local fraternity. If Topeka has an angel to spare she might well send her out to the foot hills of the Rockies. There are hardly enough competent men in the present Denver College faculty to properly conduct a medical college in these days, nor have the stronger men outside the college the moral right to withdraw their co-operation and support should it be rightly sought. We all feel so kindly toward Denver since the Institute met there that there cannot but be experienced all over the country the deepest regret that strife and contention have severed our entertainers in twain. Would that some good natured and tactful medical Moses would rise up among them and bring the profession of Denver together again.

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On to Glenwood.

From Denver my route lay over the Denver & Rio Grande, the road of all roads in this or any other country for scenic grandeur and picturesqueness, of course. It has been my pleasure to travel nearly every line of railway on the American continent and many of the best lines in Europe, including the famous Siemering Pass line from Vienna to Italy and the equally celebrated Gotthard Tunnel route from Genoa to Switzerland, and of them all there is none to compare with this unexcelled Colorado railway. A few years ago I traveled this line in company with Professor Winckel, of Munich, and in one of our conversations he freely admitted that there is nothing in the old world to compare with the Grand Canyon of the Arkansas and the Black Canyon of the Gunnison. His admiration for the scenic views of the Rio Grande was unbounded—and so was and so is my own. Were I to cross the continent a thousand times I would make it a point to select the Rio Grande route through Colorado by far a major portion of those times. Besides the Canyons already named there are the scenic attractions afforded in Marshall Pass, Tennessee Pass, the Veta Pass, the Toltec Gorge and Tunnel, Las Animas Canyon and many other gorgeous presentations of the sublimely beautiful in nature. Upon the occasion of this journey my route lay direct to Glenwood Springs by way of Pueblo and the Grand Canyon via Leadville and over Tennessee Pass, full eleven thousand feet above the sea, to Glenwood, thence west to Grand Junction and over the Rio Grande Western to Salt Lake and Ogden, the latter part of the journey encompassing the scenic grandeur of the Rio Grande Western, including Castle Gate, Soldier Summit, Green River Canyon and the fertile fields and thrifty towns of the Mormons of eastern Utah. On no other route in equal distance is there so much to inspire and entertain the tourist as on the Rio Grande and its western connection.

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An American Kissingen.

I rested several days at Glenwood Springs, and a haven of rest the splendid Hotel Colorado proved to be. Over the mountains from Denver, right in the heart of the Rockies, in the Canyon of the Grand River, is located this Kissingen of America. Beautiful and restful in summer it is grandly and invigoratingly so in winter. Protected by the mountains, which rise on every side, from the stormy blasts of winter it offers the invigoration of the mountain regions with a balminess most spring-like. The air is dry, clear, crisp, not penetrating and marrow-chilling, yet bracing and invigorating to a marked degree. My experience at Glenwood Springs convinced me that of all the places I have visited on this and previous travels the Hotel Colorado is unexcelled as a place for rest and recuperation following serious illness, and as an ideal spot for the business or professional man who has foolishly "burned his candle at both ends and in the middle."

Besides the attractiveness and helpfulness of the snow-capped mountains and the clear sunshine of the canyon-valley, Glenwood offers what is not to be found elsewhere in this country—the pleasure of out-door salt bathing in mid-winter, and also the unusual luxury of natural vapor baths from hot springs running in mountain caves within a hundred yards of the hotel swimming-pool. I enjoyed and profited by these advantages personally and can write of them conscientiously and consistently. It was a bizarre spectacle to witness a score of people swimming in the warm salt water from the mountain springs while friends and hotel guests were snow-balling them from the banks of the pool. And the beauty of it all is that there seems not to be the slightest danger of taking cold, because of the density of the waters, the purity of the air, and the fact that the elegant steam-heated stone bath-house is thoroughly equipped with everything needful to insure swimmers against this disaster. The new cave baths, discovered and fitted up for use since the American Institute tourists visited Glenwood in 1894, have been found especially beneficial in chronic liver and kidney troubles, as well as for almost all manifestations of neurasthenia. They are visited daily by the guests of the hotel and other tourists, the unanimous verdict being that nature's caves make the best turkish bath houses to be found in this country. The water running through them from the mountain springs shows a temperature of one hundred and twenty-seven degrees, the vapor therefrom registering one hundred and fourteen degrees.

The Hotel Colorado is a most delightfully restful hotel. The hours observed by the guests are almost as hygienic as those belonging to well regulated sanitariums. The cuisine is most excellent, and the large though quiet corridors and lobbies, beautifully adorned and rugged, are seductively comfortable and comforting to the tired nervous system of the neurasthenic and convalescent—the tout ensemble securing unto this most attractive hostelry the rightful reputation given it by all its guests. In summer it is crowded from cellar to attic with tourist travel and summering guests, but in fall and winter it is so seductively peaceful that I shall hereafter send my convalescing and brain-tired patients to this delightful spot in preference to any other of which I have knowledge in America or Europe. Carlsbad and Kissingen are not to be compared with it in my judgment.

Homeopathy at Salt Lake.— Dr. J. C. Hanchett met me at the depot at Salt Lake, extended me appreciated courtesies at his home and kindly showed me over the Mormon City during the afternoon. Salt Lake is now a progressive city of fifty thousand people. The appearance from the depots is most uninviting, as is also the entrance to the city from those points. But once in the city proper it is apparent that Salt Lake is a metropolis of no mean pretentions and of unquestioned future. Homeopathy is fairly strongly represented, there being a dozen or more of our profession, with clienteles of varying financial standing. The pioneer homeopath of the valley, the venerable Dr. White, now above seventy years of age, is still actively in the harness and the best known and perhaps most substantially prosperous. His son is engaged with him in practice, is secretary of the Utah examining board, and is essaying to surgery as a specialty.

There is no homeopathic oculist in Salt Lake. Dr. Crippen, now connected with the Munyon Remedy Company, was formerly located there for a time and met with satisfactory success. Since he left, upon the death of his wife, the field has been unoccupied. Our practitioners have to send their eye and ear cases to old-school specialists, and would gladly welcome a competent specialist of our persuasion. Salt Lake ought to be a splendid field for the right man, but a full-fledged oculist he must be.

At Ogden I again took the Union Pacific and journeyed to Portland. For most of the distance the ride is tedious, yet there are numerous points of interest, the service is excellent, and when the Columbia River district is reached the scenery becomes gorgeously attractive. The cascades, the Dalles, the river, the mountain scenery, Mount Hood in the distance as Portland is reached, all together compensate for the rather uninteresting ride through Idaho and eastern Oregon. Especially attractive is the ride for a few hundred miles on the Western slope, and within an hour of Portland the roadbed closely hugs the river with towering mountains richly clad in luxurious verdure almost overhanging it on the other side, ever and anon a beautiful waterfall adding special picturesqueness to the scenery. I had never been over this route. I feel repaid for the journey and shall take it again. It is decidedly more interesting and enjoyable than a number of other journeys I have made to the coast.

The Situation at Portland.—I happened in Portland at a most inopportune time in so far as the weather was concerned, but at a most opportune time in so far as the professional situation was concerned. The weather was abominable—damp, raw, cold, penetrating—just the weather a convalescent would run from. The whole Northwest was water-covered and I was compelled to abandon proposed journeys to Tacoma and Seattle. But, as stated, I visited Portland at a favorable moment from the professional viewpoint. As is pretty well known the homeopaths of the city were recently asked to take charge of the Portland Hospital by the lady managers thereof and within a day were installed in full charge of the institution. It is a large hospital on a commanding site in East Portland. Our colleagues have done such excellent service in it that the managers are greatly pleased, as expressed to me personally by them, and were giving a bazaar for the benefit of the hospital the day I was there. Dr. Royal, who is at the head of the staff, notified his colleagues of the presence of a stranger within the gates and a dozen or fifteen of us sat down to a luncheon at the bazaar being conducted in the lecture rooms of the largest Methodist Church of the city. Thus I had the gratification of meeting most of the homeopaths of Portland, of breaking bread with them during a single day's visit, and of learning from them and the ladies managing the hospital, which is conducted under the auspices of the Methodist Church, of the very satisfactory professional and hospital situation in this prosperous city. From the moment our colleagues took charge the hospital has been self-sustaining. This had not been true prior to their installation. The properties of the institution had been thrown into the hands of a receiver, who is gradually paying off the indebtedness by disposing as advantageously as possible of its unremunerative properties. Now the ladies are zealously supporting the profession in their efforts to make it in every sense a high class hospital through bazaars and other money getting entertainments. The staff and management are heartily in accord in all things pertaining to the good of their common trust, the prospects being brighter and more encouraging than for some years past. The college fever has not yet struck Portland—Allah be praised!—its profession acting as a unit on matters pertaining to the general weal. Good things may be expected to come out of Portland in the years to come.

A Sea Voyage to San Francisco. — From Portland to San Francisco the journey was made by water. The Pacific had been tempestuous for some weeks previous, but behaved most beautifully during our two days' voyage. Our steamer, the Columbia, is in every sense a first class vessel, of above two thousand tons, the officers were as courteous as steamship officers know how to be, the menu was excellent and the company most cordial, as Western travelers usually are. The salt air proved to be just what was needed to secure refreshing sleep and rest, while as an appetizer I might have traveled for months on land and not have found as good a one. Next to Glenwood Springs this sea voyage has been my most restful experience and in every sense most beneficial. Would that I could go on to Honolulu, or Australia or other remote country whereby a long sea voyage were necessitated!

In another letter I will tell the Century and its readers what I may see and hear here and further down the state. I take it that the profession of the whole country are interested in the condition of homeopathy and its institutions on the golden shores of the Pacific.

San Francisco, Dec. 10th. C. E. Fisher.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - Editor

WILSON A. SMITH, M. D., Associate Editor.

New York and Chicago, January 1, 1897.

Editorial.

THE MEDICAL CENTURY FOR 1897.

In returning to the monthly issuance of the Medical Century we have been influenced chiefly by the expressed wishes of a considerable number of our most valued subscribers who have been consulted on the subject during the past two years. It has been under consideration to attempt the issuance of a weekly journal at an increased subscription rate, but after mature deliberation it has been decided that this would be unwise in the face of the opinions of so many of our readers and in consideration of the general financial condition of the medical profession throughout the country at large. The decision not to attempt the weekly issuance at this time, but rather to return to the plan of issuing the Century but once a month in enlarged form, has been precipitated, also, by the recent illness of the editor. Had he been able to thus early regain his one time vigor, another course might have been pursued; but as he is commanded by his physicians and eminent cardiac specialists to abstain as largely as possible from continuous routine work for a considerable period of time it has been deemed wise not to continue the incessant grind of more frequent issuance of the journal than once a month, for the present at least. The semi-monthly issuance has therefore been compensated for by a larger and we trust even a better journal, going to our subscribers but once a month during 1897.

It will be noticed that we have increased the size of the Medical Century to that of the largest and foremost medical journal of the age, and that we have beautified it by a colored cover properly designed. The enlargement and the increase in the number of pages justifies us in calling attention to the difference between the old and the new journal and in felicitating ourselves and congratulating our readers upon the change. By issuing it less frequently we hope to be able to make it more practical than ever before, it being the intention to devote more space to clinical condensations and nugget gathering. In this we hope to receive the support of our contributors generally, to whom we most earnestly appeal to make their contributions to our pages during the twelvemonth upon which we are entering just as practical as possible, avoiding in so far as possible the tendency toward essay-like articles and long-drawn contributions of discussional character. No really meritoriously scientific paper will be rejected, no matter what its length. For, naturally, painstaking investigations in new fields frequently require considerable elaboration. But the busy practitioner wants "the milk of the cocoanut," and this is what the Medical Century desires to give him. As repeatedly announced, the journal is of, for and by the profession, and is largely what they make it. The special number feature will be continued from time to time, the testimony of subscribers everywhere going to show that nothing more acceptable and practical has ever been undertaken in journalism.

It shall be the aim in the future as in the more recent past to improve the editorial tone of the journal, to avoid personalities, and to studiously avoid being drawn into guerrilla journalism. We propose that the Medical Century shall be a high-toned, clean, strictly professional journal. It is not believed that its subscribers enroll their names on its lists with a view to being regaled with the individual affairs of any member of the profession, but, rather, to gain whatever of benefit they may be able to gather from the interchange of thought recorded from month to month; and acting upon this belief the journal is launched for 1897 with malice toward no one and with the earnest desire to better than ever before serve the journalistic demands of the profession it represents and upon whom it relies for support.

It will be a gratification to his friends in the profession to be informed that Dr. Wilson A. Smith, formerly editor of the Medical Current, continues in editorial relationship to the Medical Century. His previous journalistic experience and his wide acquaintance with the profession of Chicago and the Northwest will render his addition to the editorial force a valuable acquisition. He wields a facile pen, is possessed of a broad liberality and has unbounded trust in the essential tenets of the profession to which he subscribes allegiance. His permanent association with the journal will be hailed with satisfaction and cannot but redound to its benefit during the year upon which we are entering.

CALIFORNIA'S HOMEOPATHIC INSANE HOSPITAL.

At this time, when there is under discussion in Illinois the question of the medical superintendency of the Western Hospital for the Insane, the success of homeopathy in insane hospitals throughout the country bears especial interest and significance. Our first state insane hospital is the Middletown, New York, institution. Our second, though not set aside by law as an homeopathic institution, is the Asylum for the Criminally Insane, at Ionia, Michigan, under the superintendency of Dr. O. R. Long. Our third is the Westborough, Massachusetts, Insane Hospital, nominated a homeopathic institution by legislative enactment. Our fourth is

Minnesota's Asylum Number Three, located at Fergus Falls and made homeopathic by the legislature. Our fifth and most recent insane asylum, or hospital, is located at Highlands, near San Bernardino and Redlands, in southern California, under the superintendency of Dr. M. B. Campbell, formerly of Joliet, Illinois, for eleven years physician to the penitentiary, and whose tabulated records have always proven of great value to us in securing recognition in public institutions. Last year we had an asylum in Nebraska, under the superintendency of Dr. J. H. Mackey, but it was noticed in the daily press some months since that he had been removed and it is not known whether the asylum is still in homeopathic hands or not. Thus it will be seen that we have five or six full-fledged insane hospitals under homeopathic control in the United States, and to this number we must add the latest asylum in New York, now building, the Collin's Farm Insane Hospital, located in Erie County, near Buffalo.

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During the recent visit of the editor of this journal to the Pacific Coast it was his good fortune to be able to visit the Highlands Asylum as the guest of the superintendent, Dr. Campbell, and to personally observe the details of the management of the asylum and its inmates. The buildings are located near the foothills, on a commanding site, and are modern in every particular. The wards or corridors are large and airy, and the dormitories are especially happily located with reference to sunlight and fresh air. The single rooms, too, of which there are a larger number in proportion to the capacity of the asylum than in most such institutions, are amply large, well lighted and aired, affording excellent accommodations for those demanding personal attention. The auditorium, or amusement room, is the best we have ever seen for the purpose, while the amusement grounds and outdoor recreation walks are ample for all needful purposes. The asylum property covers a large farm and fruit ground, upon which are raised almost everything needed by the institution in the way of fruits, vegetables and farm products, while the dairies and other essential adjuncts are quite complete for a new institution. Dr. Campbell, as executive officer of the asylum, by the exhibition of rare judgment, has been able to make out of a not over desirable property a thrifty farm and orchard, and has growing groves of young trees intended for the outing grounds of the inmates as the years roll by.

The internal management of the hospital is most excellent. Dr. Campbell and his able assistant physician, Dr. A. Stanley Dolan, to both of whom we are particularly indebted for opportunity for observation as to the general management of the insane and as to the care of individual cases, have made the Highlands Hospital a really model institution. The system of records of each case is the most complete of which we have knowledge, affording an excellent clinical record from which to conduct the treatment of each patient and also affording a splendid bulwark of defense for themselves and the state in case of habeas corpus or other legal proceedings by ill-advised friends of patients. Dr. Dolan's previous experiences in the Ionia and Fergus Falls hospitals render him especially suited to the internal work of the new hospital.

A few days previous to our visit to Highlands we visited the Agnew Asylum, near San Jose, under old school management. It is as well conducted as any asylum we had ever visited and the number is considerable. But without desiring to make invidious comparisons, the conviction is so absolute that the Highlands asylum is unexcelled in California or in any other western state, that the profession of the Golden State is most heartily congratulated upon the splendid record Drs. Campbell and Dolan are making for themselves and homeopathy in their institution. The board of managers of the asylum have twice publicly, in their annual reports, highly complimented both the general superintendent and the medical assistant for their most excellent work, and Governor Budd, opposed bitterly to the management a year or two ago, is now outspokenly complimentary in his references to the hospital and those having it in charge.

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There are now above five hundred inmates, subjects of all types of insanity. There are among them a good many inebriates and narcomaniacs, as Dr. Campbell denominates those given to morphine, cocaine and chloral habits. The ratio of deaths is less than in any California hospital, and the ratio of recoveries is as large as in any and larger than in some, even though it has hardly been in operation long enough to have had a fair opportunity to develop its record in intractable cases or in those tending to chronicity. The hospital plan of treatment is in vogue with all new commitments, as with all who are violently maniacal or in the least-wise excitable. It is also followed with those especially feeble. Generous feeding of anemic and debilitated patients is practiced, and early retirement is the rule. Rest and homeopathic medication, coupled with strict observance of hygienic laws, soon restores to reason a large proportion of recoverable cases, while approved surgical procedures are resorted to as demanded. The effects of kindly treatment and hospital methods are manifest in the faces and conduct of the inmates, than whom a better-natured, more cleanly and well appearing lot of lunatics we have never seen.

One minor point which attracts attention is the uniforming of the attendants. The women attendants are attired as nurses and are made to conduct themselves more as nurses than as overseers. The men attendants are also uniformed. The moral effect upon the inmates is wholesome,

and to visitor and patient alike it gives an air of the hospital rather than of the prison-asylum.

We were kindly allowed to take photographs in special instances, and in early issues of this journal some of these will be presented with brief synopses of their cases and the treatment pursued in each type. It is believed these will be of practical interest to the majority of our readers.

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Illinois may well take lesson from California. In no state in the Union is there a better conducted hospital for the insane than at Highlands. California's homeopaths have set us a splendid example and we may well model after them in more ways than one. Especially do they recommend that in our efforts to secure state recognition we dwell rather more upon our rights as medical citizens and upon the question of simple justice. The time was when it was necessary to rely more upon comparative statistics for arguments. These have been of incalculable value, but, at the same time, the average legislator is less likely to undertake to adjudicate for us upon grounds which he may consider debatable than upon the broader grounds of civil rights and equal representation to all legally recognized schools. We are justly entitled to an asylum in Illinois. Let us demand it upon these grounds, supporting our claims, if attacked as inefficient, by the records of asylums already under our control.

AN INJUSTICE.

Efforts are again reviving to secure a needed reform in those postal laws which bear so heavily upon publications of monthly or semi-monthly issuance. Charles E. Swett, of Boston, Mass., particularly, is endeavoring to enlist a general up-rising against the present gross inequity and it is to be hoped that he may succeed. It would seem that the wrong need only to be known to be righted but there comes the rub. Only the publisher knows it. We venture to say that to many of our readers it will be surprising information to find that the Medical Century can go to its San Francisco subscribers at the rate of one cent a pound, to its Chicago subscribers only at the rate of two cents a journal. Say that twenty copies of the Medical Century weigh a pound, twenty San Francisco subscribers will get their copies of the journal at a postage cost to the Medical Century Company of one cent. Twenty Chicago subscribers, even though they be just across Washington street, get their copies at a cost to the Medical Century Company of forty cents.

Again, suppose the Medical Century desires to send twenty complimentary copies to Dr. Jones as a contributor. We must pay thirty-two cents postage to do so. But suppose Dr. Jones wishes to send the journals on to Dr. Smith. It will cost him just eight cents to do so.

The mere stating of these facts exposes the injustice of the statute framed in 1879 and whose excuse for being is far to seek. It can hardly be possible that such inequalities should become a part of the law, but having once found a place, it has been all but impossible to remove them. Years of agitation have failed so far to accomplish it.

Those of our readers who are publishers will know how to appreciate this brief presentation of the matter with that spirit of wrathy indignation always excited by inexplicable and glaring mistreatment, while those who are not publishers may not be averse to a bit of information upon the inside obstacles of journalism.

SIGHT FOR THE BLIND.

Great achievements in art, great inventions, great discoveries in science, are unmitigatedly good as contributions to knowledge. It is only when we come to the science of medicine, the art of healing, that a complexity of good and evil is found to follow in the wake of discovery, the good accruing from the skillful use of the new knowledge being often obliterated by the abuse which faddism brings about. If all the histories, separate and entire, of all the discoveries and advancements made along medical and surgical lines in all the ages were laid bare the originators thereof could but be astonished, nay terrified, at the extreme interpretations put upon their hypotheses and conceptions. All the medical opathies of the hour are directly traceable to the new things of surgery and medicine and many a death to the experimentation of the opathies.

After oscillating between use and abuse, favor and disfavor, the Roentgen ray has again come before the public under the direction of Edison. The sphere of usefulness of the Roentgen rays has already dwindled from its first huge proportions to a narrow realm of possibilities. After setting the world agog for nine days the thoughtful began to find the limitations of the new discovery; it did not prove practicable and it failed in critical exigencies. But it is now claimed for it that through its agency sight may be restored to the blind. Several experiments were tried late in November in New York with this thought and hope in view. The subjects of the experiments were an elderly lady, totally blind, and two piano tuners, one who had been absolutely blind since the age of two years and the other able to see a little out of his left eye. No results were obtained in the cases of the totally blind subjects, but the man who was not totally blind, Schotte by name, was made to see light very distinctly and could distinguish coins nailed to a board. In all of the experiments the eyes of the patients were subjected to a prolonged bath from the Roentgen rays. The result in the case of Schotte seemed to indicate that where the retinal mirror is not wholly impaired by disease there is a possibility that the eye may be stimulated to utility to such extent that dense metal letters inlaid in card board or wood can be read.

And now the old problem: The impracticability

of it all! After the effort and trial and budding hope to find that a blind man may see through a fluoroscope to read letters of metal—or as the experimenter concludes, it has at least been proven that the whole-eyed can certainly read such letters with our eyes tightly shut. The experiment is undoubtedly an interesting one, but its promise for the blind is not tangible at this stage of its development and like other discoveries of its ilk it should hardly have been made public until it was reduced to a more substantial basis. Electricists and physicians must proceed cautiously along this line to secure valuable results. Already direful consequences are being reported from the use of the Roentgen ray in exploratory surgical work. In the case of one subject who had his hands repeatedly exposed to the rays the nails and subsequently the flesh of the hand dropped off; in another the foot was served in the same manner. The agency is a powerful one and not apt to be in any case quiescent in effect, working, if not for good, for ill.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. C. B. Hall has moved from St. Johnsbury, Vermont, to Rockport, Mass.

Dr. L. B. Parkhurst, of 75 Aldie Street, Allston, Massachusetts, died in November last.

Dr. A. S. Eshbaugh has moved from 6414 Lexington Avenue, Chicago, to Kankakee, Ill.

Dr. M. F. Sayles has recently removed from Valparaiso, Indiana, to Bay City, Michigan.

It is announced that the dental department of the Cleveland University of Medicine has been discontinued.

The poor of Louisiana who are suffering from diphtheria will be supplied with antitoxin gratis hence forward.

Dr. Egbert H. Grandin has recently retired from the associate editorship of the American Medico-Surgical Bulletin.

Homeopathy is reputed to be well established in Emmettsburg, Maryland, and there is a chance for a good homeopath there.

The Hahnemannian Institute has in a late number a very good half-tone portrait of Dr. John E. James, of Philadelphia, as a frontispiece.

Hering Medical College boasts of fifty-seven students in actual attendance this winter. The senior class numbers twenty-three.

Dr. H. F. Fisher, who has recently located in Kansas City, Mo., has been appointed eye and ear surgeon to the Rock Island Road.

During the absence of his father, Dr. I. T. Talbot, of Boston, Dr. Winthrop Tisdale Talbot will have charge of the elder physician's office and practice.

Three thousand soldiers in India are incapacitated from duty by venereal diseases. In 1894 there were sixty-two thousand admissions for venereal diseases alone.

The alumni of the Hahnemann of Philadelphia numbers 1,100, while the Pennsylvania State Society has a membership of only 298.

Dr. M. H. Goodrick, of Jacksonville, Ill., was a Chicago visitor in November. Very few men have as fine a clientele as Dr. Goodrick and very few, if any, deserve any better.

Dr. Francis Holbrook, Chicago, of the Pratt Sanitorium, mourns the death of his father, who died from heart disease quite suddenly on December 23d in front of the Woman's Temple.

Dr. and Mrs. C. L. Thompson, of 101 Houston Avenue, Muskegon, Michigan, are the pleased and proud parents of a son, a late arrival, born to them on the fifteenth of December last.

Dunham Medical College, Chicago, has been refused the recognition of the Illinois State Board of Health. The Illinois Medical College, old school, has been denied its recognition also.

Idleness is said to be a fruitful cause of insanity among the prisoners of many Eastern penitentiaries. These insane persons, moreover, are wholly without the attention needed by those so afflicted.

Dr. F. P. Green, of Memphis, Tennessee, has been confined to his bed for eight weeks with inflammatory rheumatism. Dr. Green has the sympathy of the Medical Century in his trouble.

The Penn Mutual may now be counted among the more liberal of the life insurance companies, the Penn having recognized the claims of homeopathy to representation among its examiners.

The Department of Charities of New York City has suspended the keeper of the morgue for selling bodies to the polyclinic. The penalty for such an offense is $1,000 fine or five years' imprisonment.

Asbury Park, New Jersey, was selected as the place of meeting for the semi-annual assemblage of the New Jersey State Medical Society in October. Dr. M. F. Middleton, of Camden, is the president of the Society.

The X-ray machine at the Homeopathic Hospital, Pittsburg, Pa., is reputed to be doing a thriving business. The number of persons who come to it to give up their needles and bullets is said to be astonishing.

Dr. J. M. Patterson has given up his location at Champaign, Illinois, for the present, and after spending some weeks in Augusta, Kentucky, will go on to New York for post-graduate work, extending over a period of some months.

Dr. H. S. Chisholm, of Huntington, Pennsylvania, has been recently elected to the state senate of Pennsylvania for a four years' term, commencing January 1st, 1897. The Doctor is to be congratulated upon his victory over a large army of rivals.

The Ward's Island Metropolitan Hospital Alumni Association had their first annual dinner at the Hotel Savoy, New York, November 11th. The president of this association is Dr. Bukk G. Carleton. On this especial occasion Dr. Charles McDowell acted as toast-master.

The Hahnemannian Monthly says of Washburne's Manual of Pathology:

"This is a valuable little text-book for students' use, in which the author has admirably simplified the difficult subject matter of his text. The plan of the work is good, and the text reliable."

One of the trimmest and most desirable sanitariums under the homeopathic wing is that belonging to Dr. C. E. Sawyer at Marion, Ohio. The Sawyer Sanitarium is excellently located on one of the main thoroughfares of Marion and its buildings are thoroughly equipped. Orthopedics is given special attention and a variety of ingenious and useful devices are at hand for the treatment of the afflicted.

Dr. F. C. Titzell, whose card appears for the first

time among the Century's list of specialists, is giving special attention to the treatment of hernia. As he is one of the few reputable physicians who are taking special interest in this particular branch we trust the success due to his capability will be his.

We are informed by our correspondent Mr. A. E. Frankland, that Latrobe, Pennsylvania, is a good opening for a homeopathic physician. Dr. Burchfield, who has for a long time enjoyed a lucrative practice at that point, has had to retire on account of failing health. Latrobe is forty miles east of Pittsburgh on the main line of the Pennsylvania Railroad and has a population of about five thousand.

Dr. Wesley A. Dunn left on December 31st for a three months' tour of the Holy Land. The tour includes a visit to Gibraltar, Rome, Cairo, the thousand miles up the Nile, camel rides over the pathways made famous by the Pharaohs of the long ago, Jerusalem and Athens, then Paris and London and home. He goes as a guest of an admiring patient. The only other fellow we would rather have this pleasure than Dr. Dunn is us.

In a recent issue of the Medical Century it was stated that Dr. W. A. Farnsworth, formerly of Petoskey, Michigan, but who has been at Cleveland this year in post-graduate work, would locate at Indianapolis. We have since been informed by Dr. Farnsworth that while he hesitated for some time between Indianapolis and Grand Rapids, Michigan, he has finally decided upon the Michigan city and will open offices there this month.

The Hahnemann Pulse, published by the students of Hahnemann Medical College, Chicago, gives an excellent likeness of Hahnemann's quite justly celebrated foot-ball team. The Hahnemann Medics, as the Chicago daily papers style them, played a creditable series of games during the season recently closed. Rush Medical College and the College of Physicians and Surgeons, as well as several Dental schools, were represented on the gridiron last fall.

The birth of a diproscopic monstrosty is reported in "Pediatrics" in a recent issue, as having occurred in Siam some months ago. The teratism was a female, born of Siamese parents. It had four eyes and two mouths and it was this redundancy of mouth that was responsible for the inanition of which the child perished within fifteen days. The milk taken through one mouth regurgitated through the other, showing a common esophagus for both oral cavities.

Apropos of Washburne's Manual of Pathology the New England Medical Gazette considers that the author of this little manual makes no pretension of covering the whole field of pathology, but has made an attempt to simplify and condense the principal facts with which this science deals. By a list of questions following each chapter, the student's attention is called to the important facts brought out in the text. The subject matter is well arranged; and the little book will be a valuable aid to the student of pathology.

The total number of deaths in the city of Chicago for the month ending November 30th, 1896, was 1,568, five hundred and fifty of which were children under five years of age, and three hundred and forty-one children under one year of age. There were one hundred and seventy-four deaths from consumption, one hundred and sixty-five from pneumonia, eighty-seven from diphtheria and membranous croup and sixty from typhoid fever. One hundred and ten deaths occurred from violent causes. There were thirty suicides, one for every day in the month.

One of the students at the Chicago Homeopathic College, W. M. Osborn, '99, had a close call on the evening of November 18th. He fell through an elevator shaft from the dissecting room floor to the basement, passing through a net-work of bars in the roof of the elevator cage. He had presence of mind enough to catch at one of the elevator ropes as he fell and while his hand is badly lacerated in consequence he probably saved himself more serious injuries by so doing. Some little fear was entertained of internal injury, but at last reports the young man was said to be doing well.

The Children's Hospital of St. Louis has put forward its annual report for the year ending October 1st, 1896. Dr. S. B. Parsons, the surgeon in charge, reports ninety-one cases in his department, with no deaths, seventy-three recoveries and seventeen improved. The operations performed included, among others, linear craniotomy, excision of hip-joint, radical cure of hernia, tracheotomy, tenotomy, amputations and reductions of dislocations and fractures. Of seventy-four cases presenting in Dr. James A. Campbell's eye and ear clinics fifty-two were discharged cured.

Prof. Willis A. Dewey and wife, of Ann Arbor, spent a portion of the holidays in Chicago, making the Medical Century office an appreciated call. Dr. Dewey reports the college at Ann Arbor as doing well, and as certain of a satisfactory future if allowed a chance for its life. Just now it seems to be again endangered through the unwise efforts of perhaps well-meaning but misguided friends. "Hands Off" should be the watchword, it would seem. The reorganized school should be given opportunity to demonstrate its ability to meet the requirements of the profession who have stood by it in its troubles.

CINCINNATI NEWS-NOTES.

This is Christmas day. Cincinnati wishes the Medical Century a prosperous season and may it continue to do good to the cause it so ably serves.

What are we doing down in the southwestern corner of Ohio?

Well, we are working along the line of least resistance, taking things as they come, and doing some things that will cause the other fellow to do a little "talking."

The Medical Century's readers, though, will be more interested to hear of our strictly medical doings.

On November 16th the Cincinnati Homeopathic Lyceum, in the course of its regular program, had the pleasure of listening to Prof. A. Leight Monroe on the subject of "A Comparative Study of the Fever Remedies." It certainly served to demonstrate the value of our remedies in fever; but the method of comparative study of any subject received an emphasis that should point the way to a return to that method as bearing the mark of true science.

On December 23 Dr. H. E. Beebe addressed the Cincinnati Homeopathic Lyceum on the subject, "Which Nervous System?" pointing to the "oneness" of the nervous system as a whole, and to the "organic, sympathetic or automatic" system as the persisting force directing agency from birth until death. Dr. W. A. Geohegan followed Dr. Beebe with a terse exposition of the subject, "Comparative Pathology," thus again demonstrating the value of comparative study. In the discussions which

followed Dr. J. M. Crawford recounted some of his observations in the Oldenburg (Russia) institution for the comparative study of disease, and then branching out to make the application of the latest facts of bacteriology to the answering of the questions of the physician in practice. The whole of Dr. Crawford's talk should be published in connection with Dr. Geohegan's paper, for it certainly was clear and forceful.

Your correspondent will endeavor to present you with the manuscripts very soon.

Dr. G. C. McDermott has suffered from a prolonged inflammation of the larynx, and hopes to resume his college work with the new year. It does seem that the big doctor can stir up the boys to a degree that keeps them glad of living even as medical students.

Dr. Wm. Owens preserves vigor of body and of course an abiding interest in his favorite studies into the physiology of the nervous system. He frequently attends the medical meetings and can always be counted upon for special work on the occasion of extra meetings.

Dr. C. D. Crank fulfills the duties of physician to the Cincinnati Orphan Asylum, and his rich experience in the diseases of children receives a good draft from the younger physicians in an occasional lecture at the college. It is to be regretted that a rugged constitution is not a part of Dr. Crank's "stock in trade"—we cannot help thinking it—for he does know how to teach the "young (doctor's) ideas how to shoot."

PACIFIC COAST NEWS-NOTES.

Dr. George Wigg, Portland, is a member of the associate staff of the Portland Hospital.

Portland has three lady physicians who stand well with their sterner colleagues, Drs. Quigley, Welty and Darr.

Boericke & Runyon, of San Francisco, have a branch house at Portland in a fair state of business prosperity.

Dr. Miller, San Jose, is named as one of the most competent operating surgeons on the coast. He is a University of Michigan man.

Dr. Carrie M. Goss, San Jose, has recently completed and moved into a new and commodious residence and office on St. James Park.

Dr. H. B. Drake, formerly of Detroit, now at Portland, and the editor of the Century were classmates at medical college twenty-seven years ago.

Dr. J. A. Albertson, San Francisco, almost a forty-niner, no longer essays to do the arduous labor of a general practice, limiting his efforts to a moderate office practice.

Dr. Bangs, San Jose, operates a comfortable sanitarium near St. James' Park. His work encompasses surgery and gynecology, with due attention to orificial surgery.

Dr. A. C. Peterson, San Francisco's oculist, is at present dean of the college and is devoting his energies to its upbuilding. Dr. E. R. Bryant is also lending his best endeavors as registrar.

Drs. James W. and Florence Saltonstall Ward manage to keep busy every minute of their business hours with surgical and gynecological work. Their combined practice is the largest on the Pacific coast.

Dr. Leonard Pratt, father of Chicago's Dr. Edwin Hartley Pratt, has recently suffered a severe attack of catarrhal influenza, which confined him to his room for two weeks and left him somewhat enfeebled. He lives in San Jose.

Dr. E. C. Buell, Los Angeles, is becoming installed in a growing and remunerative surgical practice. He is prepared to take care of cases from outside the city in his sanitarium, where skilled nursing and other advantages are obtainable.

San Francisco homeopaths are justly proud of their latest and best hospital effort, the Sanitarium. It is splendidly located and most admirably adapted to its purposes. Further mention will be given later to this most commendable project.

Dr. Wm. Keith, San Jose, was so busy we failed to secure an interview with him. It is generally reported that he has by far the largest practice of any physician of any school in San Jose. This speaks well for Dr. Keith and homeopathy in his city.

Los Angeles has but one eye and ear specialist, Dr. Forget, recently from Oakland, who is becoming installed in a satisfactory special practice. It is thought there may be room for another thoroughly competent oculist in that growing metropolis.

Dr. F. S. Barnard, who is one of the latest additions to the ranks of the profession in Los Angeles, spent extended time in study abroad and brings to his new field the latest hospital and laboratory experiences of the other world. He is officing with Dr. Sherry.

Dr. E. A. Clarke, who enjoys one of the most lucrative practices in Los Angeles, has recently moved to 254 South Broadway. He has also lately completed and occupied a beautiful home in the Bonnie Brae tract, one of the swellest localities in Los Angeles.

Dr. S. S. Salisbury, whose home is on Pearl street, whose continuation is the beautiful Figueroa street, Los Angeles, has taken offices in the Bradbury Block, the finest office building in California. Dr. Salisbury had a thoroughly well established first class practice.

Dr. Eckel, for more than a quarter of a century one of the best known and most successful homeopaths on the coast, and erstwhile president of the San Francisco college, is in enfeebled health and no longer able to do his general ride, though very much improved over a few months ago.

Dr. Edward Ulrich, a classmate of the editor of this journal at the Cleveland Homeopathic Hospital College, now the Cleveland University of Medicine, class of 1870-71, is located at San Jose and enjoys a prosperous practice. He favored the editor with a social call at Dr. Simpson's, very much to the editor's pleasure.

The Drs. Ward are building a splendid home on one of the most commanding sites in San Francisco. It overlooks the Presidio, Golden Gate and a good part of San Francisco and the bay. If there are inspiration and rejuvenation after arduous professional labor anywhere in San Francisco their new home is located on the spot.

Boericke & Runyon, homeopathic pharmacists, San Francisco, will move into a new and very much larger store than their old number, 234 Sutter street, the first of the year. Their new store will be directly opposite the old one. When completed and occupied by them it will be the most commodious and one of the handsomest pharmacies in the West.

Dr. Henry Sherry, formerly of Chicago, is permanently located at Los Angeles, with residence in South Pasadena. His Los Angeles office is in the Bradbury Block, 307 South Broadway. It will be gratifying to his many friends in Chicago and elsewhere to know that Dr. Sherry's health is fully restored and that he is meeting with deserved success in his present field.

Dr. George H. Palmer, San Francisco, enjoys perhaps the most lucrative general practice of any San Francisco homeopath, coupling with it no inconsiderable amount of surgery. He has a surgical examining and treatment room in charge of a trained nurse in connection with his offices, as has also the Drs. Ward. San Francisco's surgeons can teach Chicagoans a thing or two in this regard.

Dr. Wm. Simpson, San Jose, is president of the local health board, and is otherwise entrusted with public responsibilities. Just now he is busily engaged, together with Drs. Martin and Currier, in looking after homeopathy's interests before the code commission and incoming Legislature. These three make a legislative corps who propose to know no defeat for our interests.

Whisperings were heard at San Francisco that the Medical Century was as dead as a mackerel and had been discontinued. The report emanated from Chicago, the wish doubtless being father to the thought in the mind of the originator of the false and slanderous report. At present the Century seems to be very far from being dead. In fact, if every corpse were as much alive there would be no need of a resurrection morn.

Dr. Edwin S. Breyfogle, a member of the celebrated Breyfogle family of doctors, for many years one of the foremost practitioners in San Francisco, is pursuing review study in Europe. It is learned that he will not return to his coast home until spring, and that his health is impaired to the extent that he will be compelled to undergo sanitarium treatment for some time. His friends hope for his early and complete restoration and return.

Dr. George H. Martin, San Francisco, author of the Medical Century's Manual of Nervous Diseases, which is having a large and increasing sale as its merits become known, has recently suffered a two weeks' illness due to overwork. Dr. Martin is generally accepted by his profession and the courts of San Francisco as the leading nervous diseases and insanity specialist on the coast. His opinions are much in demand in will and murder cases, as well as in the usual lines of professional work.

The next meeting of the California State Homeopathic Medical Society will be held at Mt. Lowe, Los Angeles' Pike Peak, in May. Dr. Bishop, Los Angeles, is president and Dr. Eleanor F. Martin, San Francisco, is secretary. The profession of Southern California express themselves as determined to make this meeting the best in the history of the society. They certainly have selected a most delightful spot at which to meet, and propose to depopulate the city of its homeopaths during the three days of the session.

Dr. C. B. Currier, formerly dean of the Hahnemann Hospital College of San Francisco, is enjoying relief from college cares at the present time and devoting himself largely to the very enjoyable occupation of taking life easy—for him. He has associated with him in his throat and chest work Dr. Potter, recently of New York, in order the more certainly to secure the rest and leisure he deserves.

The college is in new hands. But it is the intention to make college matters in San Francisco a part of a general letter from that city for the February Medical Century. The situation is just like it is in Denver—only it is different.

The Portland Homeopathic Hospital issues a monthly eight page newspaper devoted to its interests, titled the Hospital Visitant. From it it is learned that the visiting staff of the institution is made up as follows: Dr. Osman Royal, chief of staff: Drs. S. A. Nichols, C. A. Macrum, E. C. Brown, Margaret N. Quigley, C. L. Nichols, H. B. Drake, P. L. McKenzie, S. A. Brown, H. C. Jefferds, Emma J. Welty, J. J. McMicken, Sanford Whiting and Clara I. Darr. Dr. A. W. Vincent is the resident physician. Drs. A. S. Nichols and H. C. Jefferds do the most of the surgery in the hospital, while Dr. E. C. Brown is its oculist.

The physicians in San Jose are having a contest with the secret societies, who prostitute the practice by attempting to give the work of all their members and their families to physicians who will take it at insignificant fees. During our recent visit every reputable physician of the allopathic, homeopathic and eclectic schools of practice joined in denouncing the practice and signing a pledge not to do society business upon any other than the individual medical fee basis, whereupon the societies were reported to have imported a physician from San Francisco to do their work. This physician was being branded a "scab," just as in labor union troubles, and it was being predicted he would soon find the climate of San Jose too warm for him. It is deplorable that organizations of the character of fraternal associations will undertake to prostitute the medical profession and dictate its fees, while on the other hand it seems equally deplorable that we should be compelled to band ourselves together against imported talent and apply such epithets as the one quoted against a member of our profession. The sympathies of this journal are wholly with the organized profession in this contest, the outcome of which will be noted with interest, since other cities in the United States, especially New Orleans, are sufferers from the same society abuse.

FOREIGN NEWS-NOTES AND ITEMS.

The repression of leprosy has been made the subject of a call for a leprosy congress to meet in Berlin in October of 1897.

Jameson, the Raider, has been released from Holloway Jail on account of serious illness and is now in a private hospital in a London suburb.

Port au Prince, Hayti, is suffering from a yellow fever epidemic. Quarantine has been instituted against the place by all other West Indian ports.

The plague and scarlatina are both rampant in Southern Russia. All educational institutions have been ordered closed on account of the former disease.

Mr. C. Knox Shaw has resigned his appointment as surgeon to the Buchanan Hospital, London. Mr. Shaw is now consulting surgeon to the same institution.

The French Medical Press Association had a dinner in Paris on November 9. This was the thirty-fourth commemoration of like nature enjoyed by the association.

There has been introduced into England a bicycle saddle which it is claimed takes all weight from the perineum. This is a consummation devoutly to be wished. The new saddle ought to find a large sale.

The association of Women Physicians in India reports over a million of cases of relief to women and girls through their ministrations. The native women not being allowed to consult male physicians the help brought them by the educated women physicians is great indeed.

The mortality from tuberculosis is on the decresae in the cities of Vienna, Berlin and Hamburg, according to comparative statistics. In Munich particularly the decrease has been marked, eighteen per 10,000. It used to be that one-third of all postmortems showed some form of tuberculosis; now the number has dwindled to one-fourth.

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Surgery.

THE SURGICAL TREATMENT OF DEVIATIONS OF THE NASAL SEPTUM AND HYPERTROPHIES OF THE TURBINATED BONES.

Second Paper.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

Pathological Results. — An important feature to be considered in the pathology of nasal diseases is the fact that when ample breathing room and evenness of surface exist the subject is usually free from colds and their consequent disorders. Let a deformity of the septum occur (or an obstruction to free nasal breathing from any cause), and the tendency to cold in the head soon arises and other pathological conditions duly follow. Owing to these periodical recurrences of congestion permanent tissue alterations in the nasal structures take place. The vascular sinuses enlarge and become tortuous and the connective elements multiply. What seems peculiar, the greatest changes occur on the side opposite from which the septal obstruction exists. The inferior turbinate bones are the parts most generally involved. The volume of tissue at times becomes so greatly augmented that nasal breathing becomes almost entirely obliterated. While the hypertrophic perversion is most pronounced in the anterior and middle regions, it frequently extends to the posterior segment of the turbinated bodies. Here, in front, the inferior bone is more generally and profoundly affected than the middle, yet the latter is often the seat of pathological changes.

Symptoms.—The symptoms resulting from these various conditions are both local and reflex. The local manifestations are varied and fluctuating in their character and duration, being intensified by every repeated attack of cold. The most noticeable local symptoms are difficult nasal breathing, more or less hyper-secretion from the nose and naso-pharynx, dull, heavy pain in the frontal sinuses, impairment of hearing, subjective noises in the ears, etc. The diagnosis is confirmed by an ocular examination made with a reflected light by means of a head mirror, the nasal meatus being expanded with a speculum. Thudicums, Fig. 1, is among the very best for the purpose. The illuminator reveals to the eye of the examiner all the existing pathological changes. The abnormal deviations of the septum and the thickened, engorged turbinated structures can be distinctly outlined, the latter sometimes appearing like large congested tumors that almost entirely occlude the passage.

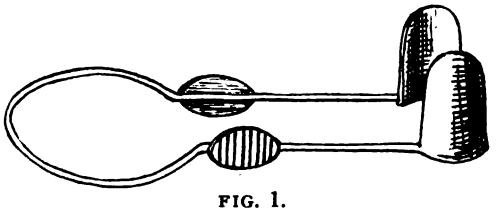

FIG. 1.

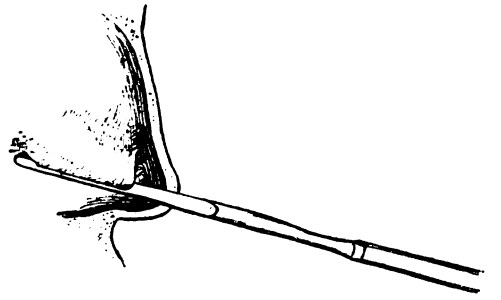

FIG. 2.

Reflexes Induced.—Of the reflex disorders resulting from nasal diseases a long list might be mentioned, but only the most noteworthy will be given. Of these headache and neuralgia are probably the most common. The pain in the head is usually located in the frontal region and the neuralgic pains generally affect the supra-orbital and the ciliary nerves. Gastric disorders are a common sequence to nasal diseases as are, also, cough, asthma and spasmodic croup. Chorea, laryngismus, stridulus, enuresis and epilepsy are also at times dependent upon the same cause. The relief of reflex disorders and the benefits to the general health that so frequently follow the cure of nasal troubles never cease to be a surprise even to the physician of large experience in the treatment of nasal diseases. A child who is frail, anemic and pale, who takes cold on the slightest exposure or change of weather, rapidly becomes robust after simply removing adenoid growths from the naso-pharynx; and the hysterical neurasthenic subject with heavy eyes and

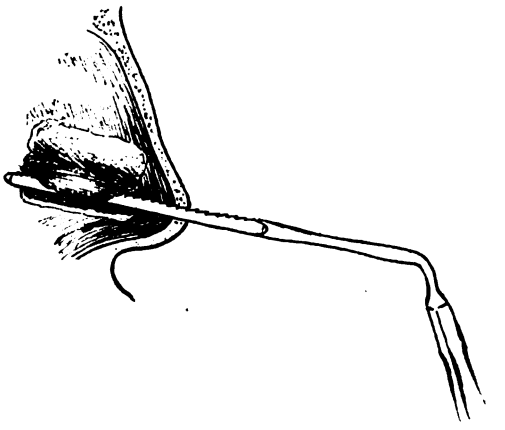

FIG. 3.

dropping jaw (mouth breathing) will become strong and healthy with a changed expression and a resonant voice after removing an hypertrophied turbinate, or correcting a septal distortion.

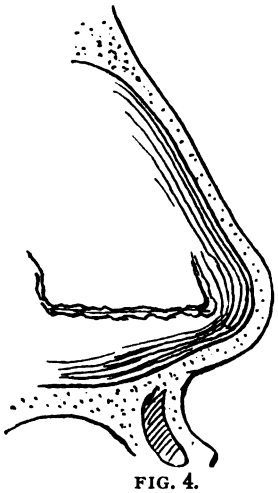

FIG. 4.

FIG. 5.

Methods of Treatment.—There are many methods of treatment practiced for the accomplishment of a cure in these cases, but there are but few of them that are entirely successful. After an extensive experience in the different modes of treatment, that included the douche, spray, application of powders, salves, caustics and interstitial puncture; the use of the cautery, electro-motor burrs, chisel, snare, saw, knife and scissors, I have come to the conclusion that the last three mentioned, for anterior troubles, and the curette and galvano-cautery for posterior ones, are the best and all that is necessary.

When operating upon the septum for the removal

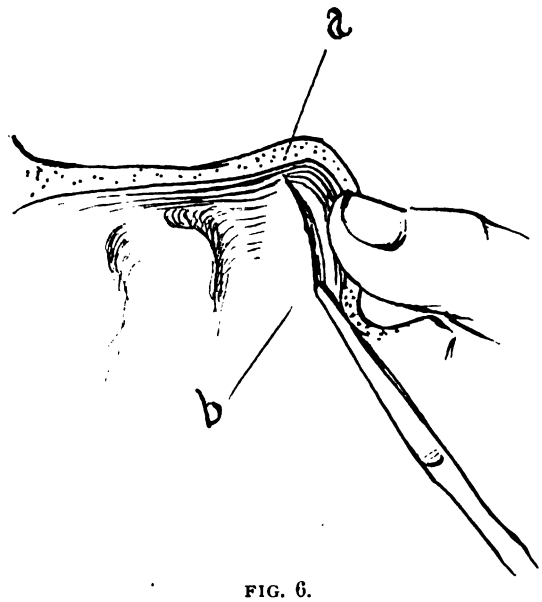

FIG. 6.

of ridges or spurs, it expedites recovery and gives more satisfactory results to preserve the mucous structures covering the portion to be excised. To do this a narrow-bladed knife is passed up into the nostril and its edge laid against the base of the spur, the mucous membrane is cut through and shaved off from below upward by a gently sawing motion to a point above where it is desired to remove the cartilage or bone, Fig. 2. The flap of mucous membrane thus formed is reflected upward and the growth cut away with the saw, Fig. 3. The mucous membrane is then placed back in position, Fig. 4, and the nasal passage carefully packed with sterilized gauze or cotton. This may be left in position for twenty-four or forty-eight hours, then removed, the passage cleansed, sprayed with a two per cent. cocaine solution and the packing reapplied. This process should be repeated daily until the tendency to hemorrhage ceases, usually three to four days. When the trouble is slight, or the nature of the deformity will not permit of the utilization of the mucous flap, the spur may be removed at once with either the knife or the saw, after which the plugging is applied as heretofore directed.

In some cases the lower end of the cartilage of the septum, at its junction with the columna, is deflected to one or the other side, Fig. 5. At times a cleavage exists, one or both tips turning outward toward the lateral walls, either of these conditions causing more or less occlusion of the nasal orifice. During inspiration the lateral wall by suction is drawn against the columna, producing a valve-like action which inhibits respiration. This condition can be dealt with successfully in but one way, that

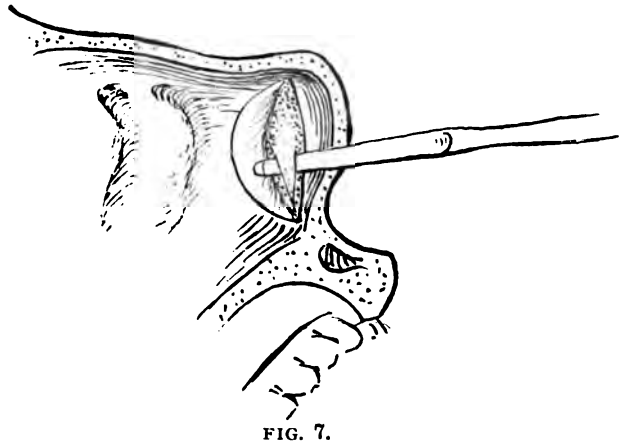

FIG. 7.

is by an excision of the offending structure. After injecting with a hypodermic syringe a sufficient amount of a one per cent. solution of cocaine to render the parts insensible, the tip of the index finger of the left hand is introduced into the opposite nostril and the inferior border of the cartilage pushed well over to the affected side, while the thumb draws the columna in the opposite direction. This brings the distorted plate into bold relief. The point of a scalpel is now entered at the upper commissure and an incision carried downward along the line of the muco-cutaneous junction to the floor of the nose,

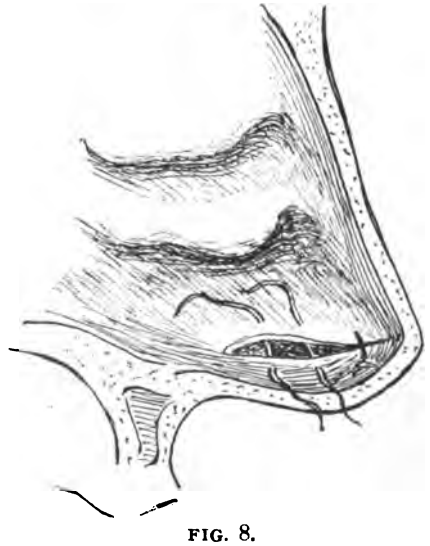

FIG. 8.

a—b Fig. 6. (At times there will be a great redundancy of tissue, when it will be necessary to make a double incision, removing an elliptical section of

the membrane.) The mucous membrane is now dissected up for one-third to one-half an inch. This flap is reflected backward into the nostril out of harm's way, while with a probe-pointed bistoury the cartilage is excised from below upward, making a beveled section, removing a sufficient amount to overcome the obstruction, Fig. 7. The flap of mucous membrane is then united to the skin by two or three fine silk sutures, Fig. 8. No dressing or packing is required, as but little bleeding follows the operation. The after treatment consists of daily cleansing the parts with some soothing saline solution, as heretofore described.

This operation, though seemingly simple, at times requires considerable dexterity in its execution. The relief following its performance is often marvelous.

A deformity of the columnar cartilage, two small cartilaginous plates situated on either side of the columna which form a part of its structure, is sometimes observed. These bodies may be deflected or turned out like a flange in such a way as to almost occlude the nostril. The offending structure should be removed through an elliptical incision, which in-

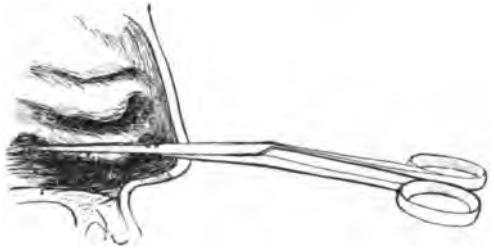

FIG. 9.

cludes all the redundant mucous membrane, and the wound closed by two or three fine silk sutures.

The treatment of hypertrophic rhinitis by any of the methods other than removal of the redundant structure is largely palliative, not permanent and satisfactory. To restore ample respiratory space and re-establish normal physiological function the removal of the hypertrophied tissue in such a way as to cause the least mutilation and destruction of structures becomes a necessity. When we consider that the part involved is not alone the mucous membrane nor its immediate sub-structures, but the intervenous connective tissue with a dilatation of the cavernous sinuses and consequent increased blood supply, it may be readily understood that any soothing, stimulating or astringent application, or measures that produce a superficial eschar, as chromic acid, Vienna paste, or the linear gash of the galvanocautery, will not answer the purpose. These measures do not reach the depth of disease. The process of cicatrization that follows the sloughing caused by the repeated applications of these produces an undesirable change in the structures and is destructive to the secreting function. The condition is one of hypertrophy, there is an increase above the normal of the tissue elements.

The rational method of dealing with the condition is a removal of the excess of structure by clean cut surgical measures. This in my experience is best accomplished in case of hypertrophied turbinates by means of the scissors. It will be observed by all who treat nasal diseases that in a large percentage of the cases of turbinated hypertrophy there is in addition to redundancy of the soft structures, also, a thickening or overgrowth of the turbinated bones. It is just as necessary to curtail this excess of bone structure as it is to remove the soft tissue. By the use of the scissors the operator has perfect control of his action and can remove just the amount necessary; further, can take it from the exact locality needed. Ample breathing space is at once secured and an evenness of surface that cannot be gained by any other procedure is obtained. The wound produced is clean cut, free drainage follows and the healing process proceeds without the sloughing incident to other means. The evil results following

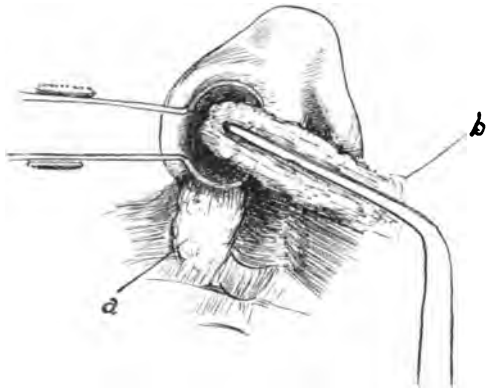

FIG. 10.

this measure, of which we hear so much spoken, are purely chimerical, like the objections raised against the excision of hypertrophied tonsils, largely theoretical, originating in the minds of those who are not familiar with the methods. I have been pursuing this line of treatment for the past eight years, the number of my operations ranging from ten to sixty per month. In all this experience I can record but very few disappointments.

Operative Procedure.—After a careful inspection of the nose by means of a reflected light (the sunlight being preferred), the requirements of the case are decided upon. Then the nares is thoroughly cleansed by an antiseptic solution. There is nothing better for this than Seiler's lotion, composed as follows, which is four times the strength of Seiler's:

℞

Sodii bicarb.	Oil gaultheria, gtt. xij.
Sodii bibor., aa ʒ xvj.	Glycerine, fʒ xvj.
Sodii benzoas.	Alcoholis, fʒ jv.
Sodii salicylas, aa ʒ ij.	Aq. qs. ad. cong. j.
Eucalyptol.	M. Filter.
Thymol, aa gr. xx.	
Menthol, gr. x	

Sig. Dilute with four to six parts of warm water.

The field of operation is next anesthetized by the local application of a six per cent. solution of cocaine by means of a pledget of cotton wound upon a holder. The scissors are now applied through the anterior nares, Fig. 9, and the necessary amount of tissue cut away by one stroke or by a succession of snips, as may be required. The line of incision is made horizontally, at right angles to the perpendicular plane of the turbinated bone. Free bleeding usually follows. In some cases it may be temporarily checked by the styptic action of the cocaine, but if measures to obviate it are not instituted it will soon come on and owing to the large sinuses that have been opened, the hemorrhage may be terrific. In order to control the bleeding, the passage must be plugged. This may be accomplished with plain sterilized absorbent or with mild styptic cotton (prepared with a solution of persulphate of iron, according to the formula given in the United States Dispensatory). After clearing the passage of all clots, a pledget is introduced by means of an angular forcep, from which the teeth have been removed. The roll of cotton must be passed well back into the choanae, then with the closed blades of the forceps,

it is pressed firmly against the cut surface. The nasal speculum is now removed and reintroduced so that the lower flange will rest upon the end of the cotton that protrudes from the anterior nares (a, Fig. 10), in order to hold it in place while the next pledget is being introduced, b, Fig. 10. A second

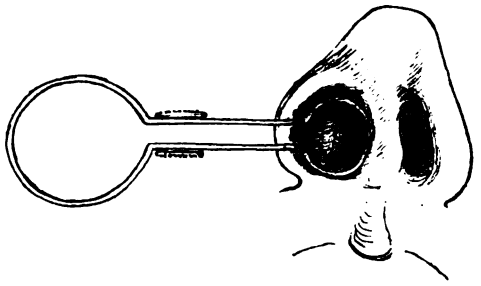

FIG. 11.

and a third roll, if necessary, are applied and pressed firmly down until the passage is filled. Even after this careful procedure, at times the hemorrhage from the back will not be controlled; in such cases the posterior nares will require plugging. Some bleeding and a bloody serum will continue to escape from the nose, but aside from this most of the discomfort and pain will soon pass away. Within twenty-four or forty-eight hours the plugging should be removed, the passage cleansed and sprayed with cocaine, and the tampon reapplied. This will have to be repeated daily until the tendency to hemorrhage ceases. The after treatment consists in the frequent cleansing of the passage (with a mild alkaline solution) by means of the syringe or spray until the healing process is completed.

The patient will often experience a degree of discomfort akin to a bad cold for several days after the operation, and it is not infrequent that a mild septic pyrexia will follow, but as free drainage exists no alarm need be manifested concerning it.

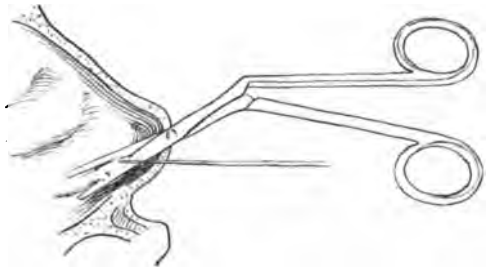

FIG. 12.

In some cases where there is no excess of the osseous turbinated tissue and the hypertrophied soft structures seem to bulge flat-wise from the bony plate (Fig. 11), it will suffice to simply excise a V-shaped chasm from the soft tissue. This may be done by hooking up the desired amount of the structure with a tenaculum and exercising it with the scissors (Fig. 12), the after treatment being the same as heretofore given. During the process of recovery much comfort may be derived by a frequent application of the following ointment:

℞

Carbolic acid. Almond oil, ʒ ij.
Menthol, aa gr. ij.
Tr. Calendula, gtt. xx
Lanolin, ʒ vj.
M. S. Apply locally.

ABDOMINAL DRAINAGE.

BY NATHANIEL W. EMERSON, M. D., LECTURER ON SURGERY, BOSTON UNIVERSITY OF MEDICINE, BOSTON.

The Limitation of Its Sphere.—There having been maintained a friendly verbal discussion upon the subject of drainage between some of my intimate colleagues and myself for several years, those of us who are working on parallel lines and have an opportunity of overlooking each other's work, without either convincing the other, it occurred to me that it might possibly bring out profitable comment and criticism by giving the subject a more formal presentation and a wider field of discussion. At present, when the various forms of abdominal operations represent the very acme of surgical science of the day and when so much depends on technique, we can profitably re-study any step which may become of so much importance as drainage.

Drainage for ages has been recognized as a necessity under certain conditions, and it is not here meant to imply that such necessity no longer exists, but simply that the conditions have so changed that it is much less often required. With the methods preceding the antiseptic period where pus in all its variations was expected, and was rarely a disappointing guest, some manner of exit of the same had to be provided and the drainage tube was ever in evidence. With the advent of antisepsis and through what may already be called the antiseptic period the needs of drainage still existed by reason of the very means we employed to secure asepsis, although the conditions were somewhat changed from those formerly in existence. All extensive wounds, independent of the expectations of pus, required some means for the escape of the abundant secretion of serum due to the use of the prevailing antiseptics, carbolic acid and mercury. The drainage tube was looked upon, early in the adoption of this method, as an unmitigated evil with no redeeming qualities, and absorbable drains owed their one-time popularity to the fact of their disappearance without opening the dressing after having served their use. The abundant secretion of serum after the use of antiseptics in the abdomen is no longer a factor in the after consideration of a case treated by present methods. We do not now frequently flush out the abdominal cavity, and when the necessity presents for doing so a non-irritating sterilized salt solution takes the place of the formerly much used and irritating antiseptics.

The question may fairly be asked, "Why do we use drainage?" or, "What are the indications under present methods for the use of drainage?" Of course there must be something to drain off, and, excluding serum, which under aseptic methods we do not now have, there is left only pus in one of its forms as the product of sepsis, or a hemorrhage. It is unhesitatingly claimed that the latter is no indication for any form of drainage until the hemorrhage has occurred. It is true that it may be necessary to get rid of the products of a hemorrhage, but in anticipation to provide for this possibility seems like a weak spot in the technique. Drainage never stopped a hemorrhage; on the contrary, it might, by favoring exit of blood as fast as effused, lessen the possibilities of a spontaneous cessation, such as might take place if the effusion were confined. True, it would earlier indicate a danger, but one which should be anticipated by guarding against it rather than by providing drainage for it,

and which should be extremely remote. We can concisely say that drainage is a necessity in present or expected septic conditions.

By Way of Illustration.—To illustrate by considering individual cases, no drainage is needed in either form of hysterectomy, abdominal or vaginal, unless undertaken for septic conditions already present and unavoidable, or where such conditions may be expected. No matter how large the growth the removal of which is undertaken, or how extensive the manipulation may be in an ordinary uncomplicated case, the abdomen may be closed without providing for drainage with entire confidence.

As illustrating this a case of abdominal hysterectomy is cited where death occurred on the third day from causes indirectly dependent upon the operation. The tumor was large and the manipulation extensive, and, in spite of the fact that the concensus of opinion of those present at the operation was that the case would do better were drainage employed, it was not used. Excessive vomiting followed the operation and continued so violently, with no escape of flatus through the lower passage, that the condition of the patient became one of extreme danger. It was decided to open the wound and discover, if possible, the cause of the evident bowel obstruction, and this was done with additional interest because of the previous discussion about drainage. An old adhesive band was found completely constricting the colon at the hepatic flexure; upon dividing this the gas rolled on into the transverse and descending colon, which until then had been entirely collapsed. The point of especial interest in the present connection was to observe the field of the previous mutilation; the abdominal wound was re-opened, but was found sealed throughout by primary union. The pelvis was in a normal state, the peritoneum being united along the whole course of the sutures, and there was no slightest appearance of peritoneal irritation in the immediate vicinity of any of the wounds. In this case, although manipulation had been extensive, primary union had taken place throughout, and had drainage been employed it would have been superfluous. This patient died, but the drainage question was no factor in the causation of death.

Even if extensive adhesions have been severed the subsequent oozing rarely requires an exit, providing, of course, that all prominent bleeding points have been controlled, and usually promptly ceases on closure of the abdominal wall, restoring thus the normal intra-abdominal pressure. This latter suffices to stop all capillary hemorrhage. After the tumor is removed, the uterine and ovarian arteries having been securely ligated, there remains only some bleeding from the vaginal margin. If the cut margin of the broad ligament be closed by approximating the edges of the peritoneum, carefully covering in the ends of the arteries, and the vagina be as carefully closed transversely in the plane of the broad ligament, care being taken to so do it that the vaginal and peritoneal margins are respectively in apposition, not only does all hemorrhagic oozing cease, but we have conditions under which we expect union by first intention just as surely as we may expect primary closure of the abdominal wall. Drainage is superfluous and at once introduces a serious fault into our technique. Such a wound closed for primary union throughout can be left for eight days undisturbed, whereas if drainage is used, within forty-eight hours the dressing must be removed in order to either get rid of the tube or to replace with fresh dressings those already saturated. If the tube can be removed at the first dressing, as is frequently done, there was no need of it originally; and yet, how often does one see a drainage tube used in just such ways and removed at the first dressing, twenty-four to forty-eight hours after the operation! In these cases the abdominal wound does not heal by first intention, and while it surely heals kindly, the resulting cicatrix is not so satisfactory, and there is a greater possibility of subsequent hernia.

Vaginal Hysterectomy.—Similar reasoning applies to vaginal hysterectomy. The conditions under which this operation is usually completed do not often call for drainage. If the operation is performed under and for septic conditions, of course drainage must be furnished just as would be necessary elsewhere under like circumstances. But for the ordinary conditions under which this operation is now undertaken no indications for drainage exist. If the uterine arteries are securely ligated, almost never a difficult thing to do, and the ovarian arteries are safely secured, sometimes not so easily accomplished, all fear of hemorrhage may be dismissed from mind. It needs no great argument to show that ligation of the uterine and ovarian arteries entirely controls the circulation to the uterus.

Even when large tumors are developed and the main arteries with collateral ones are tremendously enlarged, ligation of the main trunks controls the uterine circulation.

Along the attachment of the broad ligament to the uterus there is a rich supply of vessels coming from and going to the side of the uterus. In severe cases, if these are divided before the uterine artery is ligated, we get serious and immediate hemorrhage very difficult to control. If, however, the uterine artery is first ligated this hemorrhage is under complete control. If this is true in cases of large tumors, how much more so is it true of cases fit for vaginal extirpation, where usually the size of the growth is necessarily limited by the mechanical conditions of its removal. Consequently, having secured these supplying vessels all anxiety concerning hemorrhage may be put aside and we do not need to use drainage prospectively for this.

After removal of the uterus if the cut edges of the broad ligament are coaptated by a continuous suture of catgut beginning above on either side and approaching the vagina, taking care to cover in the cut ends of the main vessels, and then the vaginal margins are coaptated as before described, accomplishing it from below instead of above,there should be as exact conditions for primary closure as in any ideally aseptic external wound.

Choice of Drainage.—Great discrimination must be used in the choice of drainage. Glass or rubber tubes or gauze are the usual materials used for drainage through the abdominal wall. A glass tube is perhaps the most satisfactory because it may be more surely rendered aseptic and it is more easily retained in any desired position. The principal danger mechanically from the use of glass is that if the tube is too long the lower end by its own weight or by pressure of the outside dressing may so impinge upon some portion of the bowel as to cause a sloughing or perforation, and consequently fecal fistula, and one is fortunate in such cases if this is the only outcome.

If rubber is used it is not so liable to cause perforation, although it may do so. Since rubber is almost always used in the form of a double drainage tube,

a very possible danger is that a loop of the intestine may insinuate itself between the arms of the tube and so become strangulated; an accident which I have narrowly escaped on two separate occasions. In using rubber I now invariably attach the adjacent surfaces of the two arms of the tubes by two or three silk worm gut sutures. Gauze for drainage through the abdominal wall is not so satisfactory as the tube, and, if used for drainage, it should be so disposed as to take fullest advantage of all its capillary possibilities. In certain cases of pus cavity, notably in appendicitis where the confining walls are broken through or are insufficient, we successfully use gauze so disposed or packed in that it walls off the pus from the general abdominal cavity. If, therefore, we stuff gauze in a similar manner into a wound for drainage purposes, we defeat desired ends, simply maintaining a sinus which subsequently serves as a free exit for pus. We must ever bear in mind in draining through the abdominal wall that we have always to overcome the attractions of gravity. A tube through the abdominal wall gives exit not by any inherent ability to carry off the pus, but by providing a direction of no resistance toward which pus is bound to flow.

In the vagina the conditions are entirely changed. The vagina is the natural drainage route of the whole abdominal cavity. As has been contended in a previous article upon this same subject, drainage through the vagina by any form of tube is out of place. A tube gives direct access to the abdominal cavity from the region of the body most difficult to make and keep aseptic, and may be an open route to the abdomen if not constantly filled with the material drained off. Consequently gauze is the proper material for drainage here, omitting exceptional circumstances; but as frequently used the disposition of the gauze must defeat the end desired. To secure drainage by this method the gauze should lie in parallel folds from the opening in the vaginal vault to the lower portion of the vagina. If, instead of this, it is indiscriminately packed into the vagina, forming an irregular and nondescript mass, there may be oozing and seeping through it, but so slowly it does not afford adequate drainage. What undoubtedly is better than gauze under these conditions is wicking, but whichever substance is used, it should be gently engaged in the upper opening of the vagina and then disposed in parallel and continuous strands to the lower portion of the vagina. The latter should then be packed with gauze in such a way that the free end is obtainable, so that after urinating or catheterization and the subsequent cleansing an inch or two may be gently extracted and cut away, thus always insuring a cleanly condition at the entrance of the vagina.

SURGICAL SUGGESTIONS.

Splints.—Any pressure on the skin from a splint must not be allowed. Ulceration, edema and even gangrene have been caused thereby.

Colle's Fracture.—In this fracture it is important to look after the curve of the radius which is often obliterated and should be promptly restored.

Ascitic Collections.—They are not to be aspirated quickly in any event, and the procedure should never be undertaken without first emptying the bladder.

When to Operate in Appendicitis.—An author in the Bulletin says we should make it a rule to operate upon every case of appendicitis as soon as the diagnosis is made.

In Diagnosing Abscess.—Fluctuation should be tried along a limb in diagnosing abscess, not across it. Speaking of abscesses many a vicious one is made from squeezing a boil.

Leaves the Sutures.—Dr. Homer I. Ostrom favors a lack of haste in removing the sutures from any abdominal wound, deferring this step if there is no stitch irritation even as long as three or four weeks.

Nephralgia.—When inspection, palpation and needle puncture fail to disclose a condition sufficient to account for the pain the capsule should be freely opened, according to Dr. Johnson, of Richmond, Va.

The Cornea.—Every millimetre of the cornea that is damaged means just so much loss of sight. It is useless to temporize with astringent washes in the face of such menacing danger as the further involvement of this delicate organ. Operate.

Mental Complications and Surgical Operations.—It should be borne in mind that surgical operations sometimes cure serious mental disturbances. Again, it should be borne in mind that surgical operations sometimes cause serious mental disturbances.

Tetanus from a Tooth.—A case is reported where a wisdom tooth so pressed against the internal pterygoid muscle that it was impossible for the patient to open his mouth. It was not until eight weeks after the removal of the tooth that the jaw could be opened normally.

Curettage for Abortive Purposes.—Before the fourth month this procedure is effective and free from danger; it is particularly indicated where a rapid evacuation of the uterus is desirable, where economy of blood is important or where there is intractable vomiting.

Elastic Pressure.—Marsh, of London, calls attention to the value of elastic pressure in the treatment of acute serous synovitis. He thinks that under it the absorbent powers of the synovial membrane are stimulated and the pain is speedily abated by the relief of the distension of the joint capsule.

Peroxide of Hydrogen.—The time of all times not to use peroxide of hydrogen is in otorrhea, for two chief reasons: First, it is too irritating; second, because too much gas is liberated in conjunction with the purulent discharge and gives rise to injurious pressure and rupture of the adhesions.

At the Wrist.—Dr. A. G. Beebe says that nineteen-twentieths of the injuries of the wrist are fractures and one-twentieth are sprains. It is rare that there is a dislocation at this joint. Dr. Beebe also calls attention to the danger of immobilizing the fingers in dressing fractures of the forearm.

Interscapulo-Thoracic Amputation.—This operation is indicated where extensive injury has affected the arm and shoulder and where a tumor or disease has involved the scapula, clavicle and arm. Bishop, of New York, advocates Berger's method as the most advantageous one to follow in making it.

Appendicitis with Abscess.—Morris, of New York, puts himself on record as making it a rule to break up adhesions in a search for multiple abscesses and the infected appendix; he exposes the free peritoneal cavity without hesitation. He also cautions against iodoform poisoning by the use of iodoform gauze.

Nasal Hemorrhage.—Take a piece of linen about a foot square, put the blunt end of a lead pencil in the center and push it through the nostril until it

strikes the pharyngeal wall. In the bag thus formed cotton may be packed in sufficient quantity to insure the necessary pressure for the control of the hemorrhage.

Acetanilid.—In different classes of wounds burns, scalds and amputations acetanilid has been commended as not only equal but in most respects superior to iodoform. It can be applied topically in powder, in ointment, in solution in alcohol and in the form of gauze, making it readily adaptable to the need of the case.

Fractures of Lower End of Humerus.—The position of the elbow in dressing these fractures is of great importance. Curtis in the majority of his cases puts the elbow inside a right angle, but not actually flexed, the hand in semi-pronation. A flexure of about ninety degrees is very generally recommended as the proper position.

Closing Wounds.—An old method of closing wounds is being again brought into use. This consists in hooking together with fine platinum wire strips of adhesive plaster fixed a little way from the edges to be joined. In the case of a limb a band may be made to nearly span it, the edges of the band being approximated by the platinum suture.

Seminal Vesiculitis.—Dr. Eugene Fuller declares that chronic non-tuberculous cases of seminal vesiculitis can be satisfactorily treated by extirpation of the sac. He advises, however, that the stripping treatment be first employed and the extirpative process be reserved for obdurate cases. The Kraske incision is most advantageously employed for the operation.

Atrophic Catarrh.—The first thing be done in the way of treatment is the cleansing of the nasal cavities of all crusts. There are other and important steps in the cure of the disease, but cleanliness is the sine qua non and the first thing. These crusts should not be removed by force. An atomizer with an antiseptic and alkaline solution may be employed for the purpose. In obdurate cases peroxide of hydrogen serves a good purpose.

Chloroform and Oxygen Anesthesia.—Northrop claims as the chief theoretical advantage of oxygen and chloroform anesthesia that there is less shock to the patient because of the time saved and the presence in the lungs of the life of all tissues, oxygen, antidoting, so to speak, the carbonic acid produced by the chloroform as well as by the tissue waste. It is the carbonic acid element, be it remembered, that is responsible for the evil effects of chloroform anesthesia.

Cirsoid Aneurism.—Chalot thinks that ligation as a curative method in cirsoid aneurism does not merit the stigma which has been attached to it. He says moreover that to the ligation of the common carotid should be added that of the external carotid wherever possible. Some of his guides in the operation may be summarized as follows: Tie the two external carotids at the same operation if the aneurism is situated exclusively in the region of the external carotid; or tie the common carotid on the side most affected, or if one side only is affected, and the external carotid of the other side if the region over the eye is involved by the aneurism.

Carbuncle.—A writer in the New York Medical Journal emphasizes the necessity of removing every particle of diseased tissue from the surrounding structures in cases of carbuncle. The knife, the strong scissors and Volkmann's spoon are to be brought into requisition as needed. To get rid of microscopical particles a solution of chloride of zinc, forty grains to the ounce, is used as a swab. The large circular wound which is left is treated with a solution of carbolic acid, one part; alcohol, one part; methyl violet, one part; water, ten parts. It is then dusted with iodoform, packed with iodoform gauze and bandaged. Thiersch grafts are applied to hasten the cure when the granulating wound comes level with the surrounding skin.

Materia Medica.

REMEDIES FROM THE ANIMAL KINGDOM.

(Continuation of Second Chapter of Monroe's Materia Medica Compend.)

BY A. LEIGHT MONROE, M. D., DEAN OF SOUTHWESTERN MEDICAL COLLEGE, LOUISVILLE, KY.

Lachesis.

In Yellow Fever.—Dr. Wm. H. Holcombe, the great Nestor of Southern homeopathy, advised Lachesis for the first stage with symptoms of nerve poisoning, and Crotalus horridus, another ophidian, for the second stage, the stage of blood poisoning, showing itself by exhaustion, jaundice, hemorrhages, including the black vomit. In this stage there may be oozing of blood from the skin, which is an additional indication for Crotalus. Crotalus has even more characteristically blood decomposition, disintegration and infiltration, and the jaundice is from that cause. There are petechial spots and great puffiness of the body from edema. This was an indispensable drug in the epidemic of 1878 in the Southern states.

Arsenicum may be indicated in this stage by its well known symptoms—the rapid prostration, irritable weakness, black vomit, exhausting diarrhea and other well known symptoms.

Other analogues are: First stage, Aconite, Arnica, Bryonia.

Second stage, Mercurius corrosivus, Hyoscyamus, Secale.

Third stage, Digitalis, Phosphoric acid, Sulphuric acid, China, Baptesia.

Collapse, Carbo vegetabilis, Veratrum album, Arsenicum, Lachesis, Crotalus.

In Puerperal Metritis.—Lachesis may be indicated in this disease by the symptoms given under typhoid states. The lochia are fetid and the uterine pain is relieved temporarily by an offensive liquid, "charred straw" hemorrhage.

Analogues—Secale Cornutum: Thin, scrawny women, with sunken eyes, dark grumous hemorrhages, cold sweat, tendency to gangrene, suppressed urine, unconsciousness.

Baptesia: Septicemia, with typhoid symptoms, tympanitis, watery offensive diarrhea, besotted face.

Arsenicum: Rapid exhaustion, irritable weakness, gastric and intestinal irritability, thirst, mental and physical distress.

Kreosotum: Very offensive lochia, alternately ceasing and returning. Putrid vomiting, flatulent distention.

Terebinthina: Tending to mortification, terrible burning in uterus, brown, dry tongue, abdomen distended and sensitive to touch, cloudy urine.

Compare also Carbo vegetabilis, Veratrum album, Arsenicum, Iodatum, Rhus toxicodendrum, Bryonia alba, Muriatic and Phosphoric acid.

In Diphtheria.—Indicated more by constitutional than by local symptoms; malignant cases with asthenic symptoms from the start, internal pain with

minimum local manifestations, intolerance of throat to touch or contact, spasmus glottidis, left side most affected, better after expectoration, worse after sleep, trembling paretic tongue, which is dry and brown, weak, rapid pulse.

Analogues—Mercurius cyanide, Baptesia, Arsenicum, the Mercuries, the Halogens, the Kalis. See Mercurius.

In Lung Diseases.—Pneumonia; Phthisis and Asthma, with asthenic symptoms from the start, left side most affected, worse after sleep, better after expectoration, spasmus glottidis, venous, watery, non-coagulating hemorrhages. Sensorial excitement and hallucinations of fear, suspicion and distrust.

Analogues—Pneumonia, see Bryonia; Phthisis, see Phosphorus; Asthma, see Arsenicum.

In Scarlet Fever.—Malignant cases, asthenic from the start, with sensorial excitement, or in the latter stages, with the well known Lachesis typhoid symptoms, threatening gangrene, destructive decomposition of blood and tissue, dry, cracked, trembling, paretic tongue, diphtheroid deposit on left tonsil, partial paralysis of deglutition, liquids return through the nose, offensive discharges, passive hemorrhages, intolerance of touch or contact, worse after sleep, better after expectoration.

Analogues—See Belladonna.

In Local Diseases.—Erysipelas, more on the left side, all inflammations purple in color (red, Belladonna) (pink, Apis), asthenia, great systemic prostration, intolerance of touch or pressure from hand or clothing, with cerebral symptoms like those of Belladonna; cold extremities.

Analogues—Apis, Belladonna, Arsenicum, Sulphur, Bryonia, Rhus toxicodendrum. See Belladonna.

In Boils and Carbuncles or Abscesses.—Large purple and edematous, with gangrenous symptoms, breaking down and disintegration of tissue, local and general hyperesthesia, asthenic, constitutional symptoms, even to blood poisoning, discharge of purple, liquid blood. In sloughing carbuncle with extreme prostration and severe pain, Tarantula cubensis is preferable.

In Hemorrhages.—Of purple or black, liquid blood—may look upon settling like charred straw. Hemorrhages from nose, mouth, anus or uterus, with asthenic diseases or adiopathic, the character of the hemorrhage being the principal indication.

In Gangrene.—After injuries or associated with a depraved state of the system. Decomposing blood, bluish or black blisters, intense itching and burning, swelling and inflammation, tingling heat and numbness of the parts, or they may be cold, and bathed in cold sweat. Fever, dry, brown tongue, which trembles or catches in the teeth when protruded.

Analogues—Crotalus: Similar symptoms with oozing of black blood from the affected parts and adjacent edema more marked, still greater prostration.

Secale Cornutum: Dry gangrene, senile gangrene, thin, scrawny subjects. Extremities especially affected. Affected parts hard and dry. Limbs black, cold, shriveled, insensible, very little fetor.

Arnica: After contusion, hard, hot, shining swelling, thirst, ecchymosis very great, petechiae over the body, bed feels too hard, patient shrinks from touch or contact. Prostration, muttering delirum.

Arsenicum: Exhaustion and diarrhea, well known accessory symptoms, restlessness, thirst, etc., swelling heat, burning pains, relieved by heat, alternating coldness and heat.

Aurum Metallicum: Gangrene of bone, necrosis with induration of adjacent soft parts, suicidal mania.

Mercurius Vivus: Gangrene of lips, cheeks and gums, or gangrenous swellings of lymphatic glands.

Sulphur: Bed sores, with gnawing pains, putrid ulcers, with indurated edges, sloughing phagadena.

Compare also by general symptoms—

Carbo Vegetabilis: Nitric acid, Mezereum, Muriatic acid, Mercurius corrosivus.

In Tonsilitis.—Asthenic tonsilitis, membrane-like deposit on left tonsil, lump in left side of throat, constriction of throat, worse after sleep, better after expectoration. Empty swallowing is painful, fluids return through the nose after swallowing, intolerance of external contact, purplish color to inflamed parts. At the beginning of left-sided tonsilitis (right-sided, Belladonna.)

In Ovarian Symptoms.—Pain in left ovary, relieved by menstrual flow, intolerance of contact, menses scanty, black, offensive.

In Prosopalgia.—Left supra-orbital neuralgia, generally an accompaniment of a cold and relieved when the nasal discharge is established. Headache in vertex during climacteric.

Analogues—See Nux vomica.

Recapitulation of Lachesis Characteristics.—General Effects: Blood decomposition and separation of its elements, producing redness, petechial spots, dark, liquid hemorrhages, looking like "charred straw," making it suitable to low grades of inflammations, with gangrenous symptoms, sensorial excitement, with loquacity, followed by muttering delirum, with hallucinations pointing to suspicion, distrust, dread, or "he thinks he is dead." This, being accompanied by great physical exhaustion, muscular tremor, and weakness, blood stasis and blood disintegration, points to low forms of fever with typhoid or septic symptoms, and to malignant exanthesis.

Characteristics: A. Aggravation of all symptoms after sleep.

B. Nervous hyperesthesia, shown by intolerance of touch or contact.

C. All painful symptoms are better after discharges, critical or otherwise.

D. Left-sided diseases.

E. Tongue trembles when protuded (Apis).

F. Mental symptoms pointing to dread, fear, suspicion.

G. Spasmus glottidis.

H. Pains are burning (the pains of tissue destruction.)

I. Craves oysters.

J. All discharges fetid.

MATERIA MEDICA MELANGE.

Magnesia Phosphorica.—This is one of the most powerful anti-spasmodic remedies in our materia medica.

Asafetida.—Asafetida is said to be beneficial for sharp pains extending through the eye into the head and aggravated upon touching.

Aconite.—A keynote indication for this remedy in coughs, colds, dyspnea, chest pains, spitting of blood, etc., is the disposition to keep the eyes tightly closed.

Holzinol and Stericol.—These are new combinations produced from formaldehyde and are recommended in the treatment of infectious diseases, as well as general disinfectants and sterilizers.

Tuberculin.—Dr. H. Nankivell records himself as having secured good results from the use of tuberculin in chronic lung affections which have developed upon neglected bronchitis.

Apis Mellifica.—Apis has a prominent mentality of its own. Prime among its psychic characteristics are restlessness, desire to change occupation, weariness of friends and companions, causeless jealousy in women. Apis should be avoided in pregnancy.

Arsenicum.—In toxic amblyopia dependent upon the tobacco habit, and where the trouble commenced by a cloudy obscuration, Arsenicum 3x was given with curative effect after Strychnine had been tried without beneficial results.

Benzoic and Nitric Acid.—These two remedies are spoken of as competing for the credit of producing—and therefore curing—strong-smelling urine. The Nitric acid cases are of a more sycotic class than the Benzoic acid, and the exits are irritated, more as though a splinter were sticking in them.

Strophanthus.—Dr. Moir cites the homeopathic symptoms of this remedy as: Burning in entire length of alimentary canal, great digestive disturbance, vomiting and repugnance to alcohol. The irregular heart action accompanying its exhibition in elderly people may be met by the administration of the remedy in drop doses at long intervals.

Bryonia.—In iritis caused by cold, particularly in rheumatic subjects where there is sharp shooting pain, worse on motion, Bryonia is commented upon favorably. It is also effective where the pain is steady in the posterior portion of the eye, extending through to the occiput, and worse at night and upon motion.

Warty Growths of the Genitalia.—Nitrate of silver, Carbolic acid, etc., are good things to let alone in the treatment of these growths, according to Gottheil. These drugs are held responsible for stimulating many a benign growth into malignancy. Extirpate the warts by knife or cautery, or leave them entirely alone.

Music for Insanity.—Dr. George Herring says that nothing promises better results than music in insanity, and quotes a London authority as writing: "The Tannhauser is a nervous sedative as powerful as the valerians or bromides, and will relieve nervous tension, producing a quiet and peaceful state of mind."

Kali Phosphoricum.—Where this remedy has been given steadily several weeks before labor confinement becomes in many cases a much less painful procedure. It is recommended either in the third or sixth, a small dose daily. As an excitant of labor pains it is also well spoken of. Dr. Holbrook says that when labor pains are weak and irregular nothing acts more efficaciously than Kali phosphoricum.

New Serums.—Behring and Knorr report a new preparation of tetanus antitoxin which they claim is destined to lower the mortality from traumatic tetanus. As a prophylactic the liquid preparation will be used, but for therapeutic purposes the dry form is employed. The new erysipelas serum prepared by Marmorek, of Paris, has been christened "Marmorekin."

The Analogical Law.—Dr. Leon Simon points out the kinship of twelve remedies in urinary disturbances, of which we quote those least known and employed: Apocynum, where the flow of urine is excessive and attended by extreme thirst; Pareira brava, where there is kidney colic, as with Berberis; Equiseteum (see Cantharis), applicable only after the pain and pressure have been relieved, especially for the trickling stools of children. Eupatorium should be thought of in women for similar affections.

Iris Versicolor.—Dr. Payne reports a cure of a case of sciatica of three weeks' standing with Iris versicolor, every six hours. The patient was a widow forty-two years of age, and of light complexion. Immediate relief followed the administration of the remedy. Dr. Wesselhoeft has chronicled, among other provings of Iris, that it induces severe left-sided sciatica, shooting pains, and lameness on motion. Sick headache coming on with a blur before the eyes finds an effective remedy in Iris. Facial neuralgia and sick headache often yield to this remedy.

Thyroidtherapy.—Knoepfelmacher reports adversely upon experiments in the thyroid feeding of rachitic children. Treatment was persevered in for four weeks in four consecutive cases, but the results were nil in each case. Infantile tetany was also experimented with along this line of treatment, but without effect. Rosenberg contends that there is a close connection between myxedema and rickets, insisting that many rachitic symptoms disappear under thyroid treatment. Lanz also supports this theory of the correlation of myxedema and rachitis.

Calcarea Phosphorica.—This remedy is recommended as having cured a case of chronic sick headache which was aggravated by damp. Headache coming on in the morning and lasting all day; hard pressive aching with occasional heat in vertex; better on lying down; vertigo on turning suddenly. The efficacy of Calcarea carbonica as a milk-maker was attested by its administration in this case. The patient was nursing a baby at the time, and complained that something had greatly increased the flow of milk, so much so that it escaped spontaneously.

Enuresis Nocturna.—Mossa especially recommends Belladonna, Creosote, Pulsatilla, Plantago major, for nocturnal enuresis. Plantago major is of prime value where there is a large quantity of pale watery urine evacuated just before day-break. Benzoic acid has proven effective in a few cases. Sulphur is potent in all its potencies. Causticum is a good remedy for this trouble. Another remedy not so well known is Natrum carbonicum. It has a little host of allied symptoms that are characteristic: Frequent and difficult effort at stool day and night, with the passage of too little or too great a quantity of bright yellow, sour smelling, or foully laden urine.

Opium for Babies.—A writer in Pediatrics calls attention to the danger incurred in giving very young children patent cough medicines. He had just had under his care a child of three months who had been given a dose of a cough balsam and who soon manifested every symptom of opium poisoning. An older child of four years had also received a dose of the "dope," but without inconvenience. The fact that the older child escaped the opium effects is indicative of the susceptibility of babies to opium and its alkaloids. The indiscriminate paregoric pouring that mothers and nurses indulge in is also a fruitful source of need for the doctor with antidotes.

Ferrum Phosporicum and Allies.—In a case of erysipelas complicated by typhoid fever, Ferrum phosphoricum 6x and Natrum sulphuricum were given internally before the appearance of the typhoid symptoms, and a constant local application of Ferrum phosphoricum 1x was kept up. An injection of salt water was given per rectum. Coincident with the improvement of the erysipelatous symptoms was the appearance of typhoid fever. This condition supervened about the third day; there was mental wandering, dry, parched lips and fetid breath. In a couple of days' more time it was taking two men to hold the patient in the bed. Kali phosphoricum was given in the third trituration and in frequent doses. In twelve hours the patient was quiet, but drifting off into a stupor from which it was difficult to arouse him. The tongue was nearly black and so parched that he could hardly protrude it at all. The face and head had in the meantime cleared up nicely. The injection was kept up, Ferrum phosphoricum and Natrum sulphuricum were dropped, and Kali muriaticum 3x and Natrum muriaticum 6x were given with the Kali phosphoricum. Occasional doses of Calcarea phosphorica were given during the disease and steadily after convalescence had set in. (It seems pertinent to the treatment of this case to wonder which of the three contemporaneous remedies, Kali muriaticum, Natrum muriaticum and Kali phosphoricum, did the work, and which two were superfluous.)

MATERIA MEDICA CONFERENCE.

The committee on Materia Medica Conference presents the following program for the meeting to be held in Buffalo, N. Y.. Wednesday and Thursday, June 23 and 24, 1897:

GENERAL TOPIC.

Methods of Purification of Our Materia Medica.

First Session.—Wednesday, June 23, 1897, 3 p. m.

"Does Critical Analysis of Drug Provings by the Chart Method Mean Too Much Elimination?" J. P. Sutherland, M. D., Boston, Mass., essayist.

Disputants.

A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. W. Evans, M. D., Chicago, Ill.; J. L. Moffatt, M. D., Brooklyn, N. Y.

Second Session.—Wednesday, June 23, 1897, 8 p. m.

"Is the Method of the Baltimore Investigation Club Qualified to Fulfill Its Purposes?" Eldridge C. Price, M. D., Baltimore, Md., essayist.

Disputants.

George Royal, M. D., Des Moines, Ia.; Frank Kraft, M. D. Cleveland, O.; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

Third Session.—Thursday, June 24, 1897, 10 a. m.

"Purification by Means of Comparisons with Normal Standards." T. F. Allen, M. D., New York, essayist.

Disputants.

Conrad Wesselhoeft, M. D., Boston, Mass.; M. Deschere, M. D., New York; J. C. Guernsey, M. D., Philadelphia; E. H. Walcot, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Meninger, M. D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting for the appointed disputants is ten minutes each.

The remaining time in each session will be open to volunteer speakers, who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes, as in the last conference, and the utmost latitude as to time will be permitted when the subject is adhered to, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this conference, which promises to be of great interest, are urged to communicate at once with the secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. Dewey, M. D. Secretary.

Ann Arbor, Mich., January 15, 1897.

Orthopedics.

SPINAL CURVATURE.

BY C. E. SAWYER, M. D., MARION, OHIO.

Prevalence.—The history of nations shows that physical degeneracy goes hand in hand with civilization, and as man emerges from barbarism and advances toward higher social life he is menaced by increasing liability to bodily distortion and deformity. This fact is especially relevant to the subject under consideration, for modern statistics prove conclusively that the present generation is much more subject to spinal curvatures than were our forefathers.

Reviewing the physical conditions of barbarous races, we find them comparatively free from spinal deformity, while in the present race, one out of every three hundred people is a subject of the disorder in some degree. Realizing that nature imposes upon humanity no worse affliction than that resulting from spinal curvature in its advanced form, we are the better able from a professional standpoint to appreciate the responsibility incumbent upon us in matters of prevention and cure, and when the laity have learned, which in time they must, that a large majority of the deformities now existing should never have existed and that their existence is due to a lack of proper knowledge, both as to means of diagnosis and modes of prevention, the subject will have the attention from the general practitioner which it so justly merits and in which he has heretofore been so derelict.

At first thought this language may seem too emphatic, and in order that the ground taken may not be considered overdrawn I give the following case as an illustration of the manner in which many of these cases are allowed to progress. A few days ago a child was brought to my office whose lower limbs were totally paralyzed; the spinal column was bent to the right, making almost a half circle, the ribs on the right side were protruding to an extreme degree, the chest was flattened and sunken on one side, and enlarged and bulging on the opposite side, the sphincter muscles were paralyzed, the only means of locomotion were by sitting flat on the floor and creeping upon the hands, drawing the body backward, using arms for legs and hands for feet. This little one, with a bright mind, and, but for her crippled condition, full of prospects, had been allowed to lapse into a

condition of hopeless deformity under the constant observation of one attending and three consulting physicians, and the case had progressed through its various stages during a period of two years, they relying entirely upon internal medication for its cure, the mother being assured at first that it would "outgrow" it, later that it could not "stand other treatment," and now that it had "fully developed" she had better consult an orthopedic specialist. This is but one of many cases of a like kind that come under the observation of every orthopedic surgeon. Had this case received the proper attention to which it was justly entitled the results would have been far different.

Professional Responsibility.—In the light of modern experience there is nothing that reflects so much discredit upon the medical profession as do the crooked spines and hunchbacks that are to be found in every community, for there is no disorder to which humanity is heir more amenable to treatment than is this class of cases, for all of them come under the observation of some one while it is yet possible to prevent the distressing results which must of necessity follow if they are allowed to go undetected and without proper treatment.

Essentials to Success.—To aid in a more general understanding of the subject, it is necessary that we have a proper appreciation of the principal causative factors, as well as a thorough knowledge of the conditions to be met and the requirements to meet them.

The spinal column in its entirety constitutes one of the greatest pieces of mechanism nature has produced. Controlled as it is by both voluntary and involuntary forces, the maintenance of the body's gravital center must depend upon perfect muscular development and normal anatomical relations; when the muscular system, from lack of natural food supply, proper exercise, or faulty position, becomes wanting in tone or enfeebled in action, the consequent result is that the muscles pull harder on one side of the body than the other, and at once bring about a disturbance in the normal relation of the osseous parts. Soon, from irregular pressure, the bones become changed in their normal position, and it is but a short time until a curvature becomes markedly manifest.

Early Recognition.—As it is in the incipiency and early stages of this disorder that the greatest amount of good can be done, it is highly essential that the premonitory signs be recognized early, and as the objective ones are oftentimes covered up by clothing and are not apparent to the mother or attendant in charge of the child until the disease has made marked progress, it is important that we familiarize ourselves with the subjective, as well as the objective, symptoms, and thus preclude the possibility of being misled into prescribing for conditions as some disease that are really but symptoms of this much graver disorder.

Symptoms.—Pain is almost invariably present as an early symptom. It may be lancinating or dull and aching in character, and may be described by the sufferer as occurring in various parts of the body. As it is of a reflex nature, it may be in the feet or lower limbs, as well as in the trunk. Many times this important symptom is overlooked. The mother is told that they are "growing" pains, and that the child is lazy and indolent, thereby seeking sympathy and excuse from work.

Again, we find loss of appetite, languor, indisposition to play, troubled sleep, smothering sensations, sighing respiration, hacking cough, palpitation, constipated bowels, frequent urination, enuresis and various other reflex manifestations. These constitute the most characteristic subjective symptoms and some or all of them are invariably present in the premonitory stages of spinal curvature, and if they are considered in connection with the objective ones which will develop from a careful examination, they will be found sufficient to clear up the diagnosis and prevent the disaster that must result from their being overlooked. When one or more of them are found in any case recurring frequently or continuing persistently, it is the imperative duty of the physician to strip the child and determine their significance.

Objective Symptoms.—The prominent objective symptoms will depend somewhat, of course, upon the form of curvature, but as I am dealing with generalities, I will give the leading ones occurring in the various forms of curvature. Among the physiological factors it will be noticed that the child falls often and upon arising from a stooping posture comes up slowly, supporting itself with its hands on its knees; it walks with more caution, and if it attempts to pick up an object, it will extend the arm down the side rather than stoop to pick it up; the feet slide upon the floor, the elbows are thrown back, the head is inclined backward, forward or to one side, the abdomen protrudes more than normal, the chest is higher on one side than the other, one shoulder will be found in advance of its fellow, the body inclines to one side, the thoracic wall is markedly concave on one side, and more than ordinarily convex on the opposite, the face is pinched and distressed, the patient is fretful and nervous, becoming tired and cross and sometimes vengeful in its disposition; one hip will also be found enlarged, one shoulder blade protruding, and if in a boy, one limb will be found invariably longer than its fellow and its size will not be uniform as compared with the opposite one. If a case of Pott's disease, a small lump or protrusion will be found somewhere along the vertebral column. To be sure many of these manifestations may be absent; especially will this be true early in the history of the case, but a careful weighing of such as do present will aid us in outlining the necessary treatment. Other important factors to be taken in evidence are family history, age, sex and general surroundings, always bearing in mind that about nine-tenths of the cases occur in girls, most frequently between nine and sixteen years of age, and that all spheres of life are subject to the disorder. This latter opinion may be at variance somewhat with some of the text books on general surgery, but investigation will show that they are about equal in proportion in the families of the poor and the rich. This need not be true, for as it is a condition of mal-nutrition the better classes might be exempt were they more careful in their habits, but mal-nutrition is the same, whether it comes from a lack of material needed or by the abuse of that which we have.

Treatment.—After carefully weighing all of the symptoms and conditions having a direct or indirect relation as regards the trouble with which we have to deal, it is necessary to at once institute a thorough line of treatment, no matter how slight the distortion. Oftentimes it is a difficult matter to impress upon the parents the necessity of the general and protracted line of treatment so very essential to success, but if they are made to see and fully

understand the risk engendered by delay or lack of means used, or persistency required, they will invariably acquiesce in the directions. Usually cases of spinal curvature must be kept under observation for from two to three years during the growth of the child, on account of the great liability to relapse.

Thoughtful consideration in the matter of treatment, therefore, emphasizes the necessity of looking into details both as to the patient's surroundings and habits of life; for in the treatment of curvatures we find means of cure resting upon what to the casual observer would seem to be of too little consequence to merit attention, yet unless these things are considered and corrected the possibilities of treatment are not achieved. As most cases are the result of improper exercise, habitual indolence, carelessness of position and unnatural attitudes they each have to be considered and overcome before cure is possible.

Another matter requiring special attention is dietetics. Many of the children of the present generation are constantly eating knick-knacks and sweetmeats, thus destroying their appetites for the essential principles necessary to the maintenance of muscular strength and nervous vitality. Fourteen of nature's elements are required for the construction and support of the physical house, and unless they are all supplied in due proportion the consequence will be disturbed nutrition and general bodily innervation, and as the foregoing habit is so prevalent, it is very essential that the necessary restrictions be placed upon this important function.

Irregularity of eating is another of the primal causes of deficient nutrition. Eating at unseasonable hours is also productive of serious harm in growing children; especially girls who live indoors should be discouraged in this most pernicious habit, for all unfavorable conditions, either direct or remote, are entitled to a great deal of weight in the adoption of plans of treatment; if any habit of life that can in any way affect general or local nutrition is overlooked, the best results will not accrue.

Thus far I have been dealing with principles affecting curative results from a constitutional standpoint. My attention will next be given to means employed and modes of application in combating local manifestations and overcoming resulting deformity. In some cases, if taken early, all that is necessary to this end is the adoption of a proper line of exercises, the correction of faulty attitudes and positions and the regulation of habits of life; though usually every case will require all of the principles of support as applicable from a physical standpoint. In order that nothing be overlooked, each individual must be weighed and measured with exactness, so that the part of the body requiring fortification may be supplied with such support and material as the particular demands of the case make necessary. To accomplish this end it is necessary that Swedish movements, massage and electrical forces be drafted into use.

Swedish Movements.—Among the chief Swedish movements that are applicable are the following: Respiratory movements, head rotation, lateral flexion of the head, circumduction of arms, leg and thigh circumduction, trunk resisting, head resisting, four-count movement, deltoid movement, wand movement. These should be employed in every case, not only occasionally, but daily, not only for a short period of time, but continuously until distorted nature is taught to again assume normal positions and natural functions. Special exercises, of course, are required in each individual case, and should always be prescribed with exactness and precision, using as much care as one would in giving medicinal substances. The rule followed in the above enumeration is such as is generally adopted by Swedish movement operators, and may be added to or selected from according to the requirements of a given case.

In making Swedish movement prescriptions, the patient should be advised to assume the greatest degree of correction by personal effort before beginning the movement, and to return to this position after each movement. They should never be given save under the direction and supervision of some competent operator, and only in the most thorough manner.

Massage.—Massage is also recognized as a beneficial factor and should never be lost sight of in the treatment of any case, but, like Swedish movements, should only be understandingly applied under the administration of some one thoroughly educated in its application. Patients, relatives and friends oftentimes think that by looking a time or two at an operator at work they can do as well. This is an erroneous conclusion and should be discouraged in every case, for aside from the physical effort and the required knowledge in manipulation, there is a certain magnetic force that exists between operator and patient that is lost where sympathetic influences or related dispositions come together.

Favorable results are usually acquired by manual massage alone, but the more advanced cases require the deeper and more rapid motions of mechanical massage apparatus. As in the employment of Swedish movements, persistency, regularity and thoroughness are all important factors in bringing about a cure, and unless massage is continued over protracted periods failure will be the result.

Braces and Appliances.—Treatments of any kind should always be supplemented by mechanical supports in every case of spinal curvature where distortion or deformity has progressed to a perceptible degree. Usually the attending physician thinks his responsibility ends when measurements are taken, and a brace ordered from some instrument maker. In reality this is just where it begins, for unless the apparatus is kept under daily observation and changed to meet the improvement in form, the foregoing lines of treatment are of no avail, and crippled and deformed spines continue in condemnation of professional skill. The object to be met in any brace or apparatus is rigid support to the parts deflected from their natural position and altered in their normal relations. As regards material used in their construction, kind is of but little importance, but the mode of applying them and their shape and form demand the closest attention. In my opinion any apparatus that completely encases the thoracic and abdominal cavity, whether it be made of paper, plaster of paris or aluminum, is objectionable, and should never be used because it is impossible to apply it without interfering with visceral function and the organic disturbances it excites oftentimes lead to complications more serious than the original disorder. As the only excuse for casts of any kind is their cheapness, they are easily dispensed with; by exercising a little ingenuity and mechanical skill any physician can devise a support that does not infringe upon the proper performance of organic functions. The system employed by nature in constructing and main-

taining the spinal column in an erect position is one of leverage, and with due consideration of the philosophical law of levers and their uses, it is a very easy matter to contrive some support directly applied to the posterior aspect of the body to which may be attached other bearing-points, required in giving all necessary side support, and thereby preventing all unfavorable sequelae.

The following rule is the one by which I am governed in the application of any form of brace, and as it is applicable to all forms of curvature I submit it for consideration with the assurance that it is both useful and practicable. I have the patient placed by suspension, extension and pressure in the nearest possible normal position; I then design an apparatus which will supply the same requirements that have been used in bringing about this correction; by so doing, all the good that can come from the use of a mechanical support is given. The following hypothetical case will serve to illustrate: A girl twelve years old presents for examination. The trouble is lateral spinal curvature to the right side; the aspect presented is as follows: The ribs on the right side are found protruding, the right shoulder elevated, the left one depressed, the right hip enlarged, the right limb longer than its fellow, the head directed to the left and the chin depressed. Now, if an assistant takes the chin and occiput between his hands, extends and rotates it to the right while another standing behind the patient places one hand in the arm-pit under the drooping shoulder and lifts upward and at the same time makes forced pressure in the direction of correction over the protruding ribs, it will at once be seen that the vertebral column quite or nearly assumes its normal position. A moment's thought demonstrates that any appliance so arranged as to lift the drooping shoulder, make pressure on the bulging side and turn the head in the proper direction will be all that is required. This is very easily accomplished by a simple two-bar spinal brace, made of steel with a crutch under the drooping arm, a ring surrounding its fellow so placed as to make a continuous pull backward, with a pad over the protruding scapula and another over the bulging ribs, and a one-bar limb brace extending to the shoe to afford a solid foundation. In this way we attain the same points of support that were given by the assistants, the spinal column is held in its nearest normal position, and at the same time, breathing, circulation and digestion will be left unimpeded. This form of appliance recommends itself especially because the parts are under direct observation and may be altered and changed so as to keep up continuous progress in the direction of cure—a result in no way possible in the use of jackets.

The same kind of apparatus with slight modifications to meet the demands of special cases is applicable to all forms and degreees of curvature alike, and if the doctor exercises the same force and judgment in making and applying them that is necessary in the employment of a plaster cast, he will be more than satisfied with the result.

As the lines of treatment of this disorder are varying, it must be regarded with painstaking care and persistency of effort on the part of both patient and physician, but as the object merits the cost the modern orthopedist should not shrink from the duty imposed. If there is any class of suffering humanity entitled to the medical profession's best effort, it is those afflicted with spinal curvature.

A few doses of sulphur will often bring out "blind symptoms."

Gynecology.

THE VERMIFORM APPENDIX AS A FACTOR IN DISEASES OF THE RIGHT OVARY.

BY HOMER I. OSTROM, M. D., NEW YORK.

The Peritoneal Function.—Not the least of the functions of the peritoneum is that of insolation. The abdominal and pelvic organs, packed as they are in their several cavities, are thus enabled to act individually, and, if I may be allowed the expression, without the knowledge of the organs with which they lie in such close and pressing contact. They neither interfere, nor are interfered with, each organ bearing its part, unmolested, in constructing and maintaining the system.

This is a state of health. The reverse condition furnishes the canvas upon which are painted the larger number of pictures exhibited to the abdominal surgeon, for we have not alone the organ primarily diseased to deal with, but we are early forced to consider the parts with which that organ lies in contact, a contiguity which under the influence of the withdrawal of the insolating afforded by the peritoneum, results, not only in a confusion of organic function, but in the development of conditions that complicate the original disease, and add difficulties to its successful treatment. In other words, two organs covered with peritoneum, by virtue of this covering are without consciousness the one of the other, but if the peritoneum is destroyed, and adhesions form between these organs, the invariable result of destruction of the serous membrane, the function of one organ is limited by that of the other, they to a certain extent become one organ, for one cannot perform its function without the knowledge of the other, and this knowledge is recognized by the brain as suffering.

Appendical Relationships.—Applying these facts to the relations the vermiform appendix bears to the diseases of the right ovary, we find several points of interest for consideration.

In the first place, I think we may hesitate to accept the generally accredited statistics that appendicitis is more frequent in men than in women, or that sex influences one way or the other, indeed if sex is to enter as an etiological factor at all, I am inclined to charge women with a certain predisposition to appendicular diseases, a predisposition that has its origin in the functional activity of the right ovary, with which the appendix is intimately related. Failure to recognize this anatomical relation, has, I think, had no little influence in compiling the present statistics, which place the proportion between male and female cases of appendicitis at four to one, or eighty per cent. male and twenty per cent. female. These figures take no account of the cases diagnosed as right ovarian or tubal diseases, and make no mention of the appendix as an etiological factor in pyosalpinx, or salpingo-ovaritis.

The vermiform appendix and the right uterine appendage are anatomically closely related, the appendiculo-ovarian ligament of Clado, a process of the peritoneum which unites the right ovary to the meso-appendix, existing in a certain proportion of cases as a normal anatomical structure.

The liability of peritonitis to develop adhesions between mucous surfaces that lie in contact points with emphasis to the intimate etiological interdependence that exists between the appendix and the

right ovary and the interesting studies on this subject, recently published by Reymond and Magill, establish the pregnant fact that after adhesions form between the uterine annexa and any portion of the intestinal canal, and the stage of infiltration has been reached, the micro-organisms pass freely from one cavity into the other before the establishment of any gravely appreciable opening.

The suggestion arises, have we not in the vermiform appendix and the right uterine annexa a group of organs functionally distinct, but pathologically united? Organs, that we cannot always consider separately, but, first, from their anatomical relations, second, from their liability to the development of inflammatory diseases, and, third, from their known behavior under the influence of inflammation, we must frequently look upon as pathologically related, and recognize that when one is the seat of deranged action the others are more than likely to be affected in like manner.

Thus I would explain the supposed infrequency of appendicitis in women, believing that many cases of right ovarian and tubal disease have their origin in an unrecognized appendicitis; or that an inflammation of the vermiform appendix early becoming masked in salpingo-ovaritis is, from the fact that attention has of late years been more especially directed in women to derangements of the uterine appendages, overlooked, and reported as a case of disease of the uterine appendages.

Clinical Application.—Now as to the practical side of the question, and its clinical application. So frequently have I found when removing the right ovary that the vermiform appendix was adherent to the gland, and involved in the same inflammatory process that made the operation necessary, that I now invariably, when performing a right oöphorectomy, look for and examine the vermiform appendix and the entire cecal region. If the appendix is not actually attached to the ovary it frequently bears evidences of having been, and sustains lesions sufficiently grave to justify me in making an appendectomy at the time the ovary is amputated. But in a very considerable number of cases I have found the appendix adherent to the ovary or Fallopian tube, and in such a degree of inflammation, if not of suppuration, as to necessitate its removal.

My method in such cases is, if possible, to treat the adhesion of the appendix as I would any other adhesion, and separate it from the ovary. Of course, if this involves opening an abscess, which in three instances I have found developed between the appendix and the ovary, such a course is to be deprecated, but from the anatomical relations of the parts, it will be found exceedingly difficult to include the ovary, the tube, and the appendix in one series of ligature, and much as we may desire to do otherwise, we may be obliged to separate the rudimental organ before removing the ovary.

The ovary and tube being amputated, the appendix is dealt with through the median incision. This extension of the manipulation does not materially complicate, nor does it, under aseptic precautions, add risk to the operation. Neither have I found any difficulties in reaching and removing the appendix through the usual median incision for an oöphorectomy; indeed, the facility with which this is accomplished has led me to favor the median incision for removing the appendix in women, especially as the uterine annexa, which may, as we have seen, also require amputation at the same time, are more accessible through that opening.

From the foregoing, it will appear that I regard the vermiform appendix as a factor of considerable importance in the etiology, diagnosis and treatment of diseases of the right Fallopian tube and ovary; that my experience leads me to look for involvement of the appendix in a similar process to that which affects the ovary, and vice versa, the relation sustained being frequently that of cause and effect; and that my practice is to include the appendix in the amputation of the annexa, when the former shows even slight evidences of having suffered from its contiguity with the right ovary and Fallopian tube.

A CLINICAL CASE.

BY JOHN KENT SANDERS, A. M., M. D., PROFESSOR OF GYNECOLOGY, CLEVELAND UNIVERSITY OF MEDICINE AND SURGERY, CLEVELAND, OHIO.

This case was presented on November 11th, 1896, in the Gynecological Clinic of the Cleveland University of Medicine and Surgery, through the kindness of H. A. Sherwood, M. D., of Warren, O.

Miss McG.——, aged 24. Gave a history of comparative good health until the establishment of her menstruation, since which time she has been troubled with dysmenorrhea at every period. One year ago she developed symptoms of an inflammatory process, which pointed so directly to the left ovary that a diagnosis was made of ovaritis. There was unusal constipation; pain not only in the left ovarian region but throughout the abdomen. She recovered from this attack but never quite regained her former strength. Some two or three months after she had another attack in connection with the menstrual period, from which she did not recover. Each time of menstruation all the symptoms were worse. She was very seldom free from fever, and was gradually losing flesh and strength. The diagnosis of Dr. Sherwood was acquiesced in after examination under chloroform, although there seemed to be more of a mass than would be present from simply an inflamed ovary, and there was a certain amount of rigidity over the left inguinal region, suggestive of adhesions of the bowel or omentum.

An exploratory incision was made in the median line. The left ovary was located and found about normal in size and with no symptoms of an inflammation except the adhesions of a loop of the small intestine. These were carefully and cautiously broken up, and the gut, after it was freed, was brought out of the incision. It was then found that there was an unusually large and patulous Meckle's diverticulum. It had its origin from the side of the gut immediately opposite the mesentery. It consisted of a pedicle seven-eighths of an inch in diameter and about seven-eighths of an inch long, and on this pedicle was a dilated pouch one and one-half inches long and seven-eighths of an inch broad, out of which were five small projections, which gave it almost a fimbriated appearance. The pedicle and pouch and the small processes were all in such free communication with the gut, that when the gas was forced down and the intestine compressed on both sides of the diverticulum there would be considerable distension of all the parts. There was a high grade of inflammation in the whole diverticulum, and the peritoneal covering was almost entirely obliterated on the free end of the sac and the small processes

where it adhered to the ovary. For an inch on either side of the pedicle there was congestion of the intestine and also of the mesentery. The diverticulum was amputated, leaving a small cuff of tissue, which was touched with fuming nitric acid and brought together with Lembert sutures, and then the peritoneum was brought over the stump with a continuous catgut suture. The gut was traced back to the cecum and it was found that the diverticulum was about four feet from the cecum, on

DIVERTICULUM OF ILLIUM.

the ilium. The appendix vermiformis was unusually short and closely imbedded in a mesentery, having its origin in the cecum, forward of the inner latero-median line. It was left intact. The left ovary was examined and found almost normal, as was also the right ovary.

The case made an uneventful recovery, the temperature never going above 99 8-10. The bowels were moved on the fourth day. She has been eating mixed food, and unusually heartily for her, for the past two weeks. She has considerable pain at the time of and for an hour or two after a stool, and also complains of a sore spot, which is not tender on pressure, but simply feels sore to her, in the left inguinal region. Since she has been on her feet and moving around within the last few days, this is disappearing.

She was troubled with neuralgic pains all over her body, sometimes in her head for hours and then in her abdomen or limbs. Every day or two it will locate in about the same general region where she had the original pain, but with the indicated remedies there has been a gradual diminution.

Prof. C. M. Thurston made a microscopical examination and sends the following report:

"The diverticulum of the intestine contains the same structural elements as the small intestine. The muscle element is, however, less regular and less evenly distributed throughout the walls, though arranged circularly. The glands of Lieberkuhn are larger and less numerous than in the normal intestine. The walls of the smaller processes have the same general structure as the pouch and pedicle."

The accompanying sketch will give an idea of the peculiar appearance of the diverticulum, resembling as it does a very small foot, the toes being represented by the dilatations of the sac.

This case is reported as being of interest in that it shows how the region of the left ovary may be the source of mistake in diagnosis, very much resembling a case where the appendix, in a recurring appendicitis, becomes attached to the right ovary and gives symptoms of ovaritis.

Practice of Medicine.

GOLDEN GRAINS FROM HAHNEMANN'S LESSER WRITINGS.

Syphilitic Ulcers of the Tonsils.—The tonsils are usually the first (and in most cases the only) parts of the mouth that are affected by venereal ulcers.

Arnica in Glandular Swellings.—I saw glandular swellings occur from the misuse of an infusion of the flowers of arnica; I am much mistaken if, in moderate doses, it will not remove such affections.

Ledum Palustre for Whooping Cough.—The marsh-tea (Ledum palustre) causes, as I have ascertained, among other effects, difficult, painful respiration; this accounts for its efficacy in whooping cough, probably also in morbid asthma.

Diet in Chronic Disorders.—It is far less frequently necessary than most physicians think to make a material alteration in the diet of patients suffering from chronic complaints, at least in ordinary cases.

Hints on Artificial Diets.—The artificial diet prescribed by the physician is frequently much more objectionable than the accustomed diet of his patient; or at least, he frequently does wrong in rejecting all the latter at once.

Artificial Drug Diseases.—Every powerful medicinal substance produces in the human body a kind of peculiar disease; the more powerful the medicine, the more peculiar, marked and violent the disease.

Dyscrasiæ Conduce to Severe Gonorrhea.—Persons who are are of weakly constitutions and who have a liability to a number of nervous complaints, spasms, and erysipelatous inflammations, are very often subject to the most severe gonorrheas.

Rhubarb in Diarrhea.—Rhubarb is useful in diarrheas without fecal evacuations, even in the smallest doses, more in consequence of its tendency to promote the action of the bowels than on account of its stringent power.

Nervous Jactitations of Ignatia.—St. Ignatius' bean (Ignatia amara) has been observed to produce trembling of several hours' duration, twitchings, cramps, irascibility, sardonic laughter, giddiness, cold perspiration. In similar cases it will show its efficacy.

Discovery of Remedial Power of Drugs.—In order to discover the true remedial powers of a medicine for chronic diseases, we must look to the specific artificial disease it can develop in the human body and employ it in a very similar morbid condition which it is wished to remove.

Diet in Scurvy.—A deeply rooted scurvy can often be cured by the united action of warm clothing, dry, country air, moderate exercise, change of the old salted meat for that freshly killed, along with sauerkraut, cresses, and such like vegetables, and brisk beer for drink. What would be the use of medicine in such a case? To mask the good effects produced by the change of diet!

Vinegar as an Antidote to Stramonium.—In a woman rather advanced in life there occurred from two grains of the extract of Stramonium, taken in two doses within eight hours, stupefaction, anxiety, convulsions of the limbs and involuntary weeping, symptoms that were frightfully increased by partaking of coffee. They rapidly disappeared after taking a few ounces of strong vinegar.

Aethusa Cynapium for Imbecility.—The fact that fool's parsley (Aethusa cynapium), besides other affections, as vomiting, diarrhea, colicky pains, cholera, and others for the truth of which I cannot vouch (general swelling, etc.), produces so specifically imbecility, also imbecility alternating with madness, should be of use to the careful physician in this disease, otherwise so difficult to cure.

Mercury in Syphilis.—That mercurial preparation is the most efficacious, the most certain and the mildest which is completely soluble in our juices, can readily be taken up by the system of absorbent vessels, and is not rendered corrosive by combination with any chemical substance, and which is capable of exciting the pure and simple specific powers of the metal.

Initial Symptoms of Bubo.—Venereal buboes commence with slight pain in the groin, an almost characteristic anxiety in the chest, and a small, hard swelling, which, if it be not restrained by a scrofulous diathesis, by external remedies, the inunction treatment, etc., soon rises (and then the swollen gland is from the first very painful), inflames and passes on to suppuration.

Drug Effects of Cicuta Virosa.—The water hemlock (Cicuta virosa) causes, among other symptoms, violent burning in the throat and stomach, tetanus, tonic cramp of the bladder, lock-jaw, erysipelas of the face, headache, and true epilepsy; all diseases for which we require efficient remedies, one of which, it may be hoped, will be found in this powerfully acting root, in the hands of the cautious but bold physician.

Gonorrhea in the Female.—In mild cases of gonorrhea in the female we have little else to do than to remove the irritation in the vagina and strengthen the relaxed parts.

We fulfill these indications by the simple treatment of making eight or ten times daily repeated injections into the vagina of fifteen grains of sugar of lead and eight grains of opium dissolved in an ounce of water.

Stramonium's Mental Symptoms.—The thorn apple (Datura stramonium) causes extraordinary waking dreams, unconsciousness of what is going on, loud, delirious talking, like a person in sleep, with mistakes respecting personal identity. A similar kind of mania it cures specifically. It excites very specific convulsions, and thus has often proved useful in epilepsy. Both properties render it serviceable in cases of persons possessed.

Only Condition Demanding Purgatives.—It is only in cases of excessive over-loading of the stomach in delicate persons, and such as are afflicted with chronic diseases, that the circumstance occurs of nature being too weak to expel the ordure at the right time, and we require to assist her by means of a purgative medicine. But in the healthy state nature is able of herself to evacuate the useless refuse of the food, and that infinitely better than can be done by our good art.

Veratrum Album's Mental Sphere.—That most incomparable remedy, white hellebore (Veratrum album), produces the most poisonous effects, which should inspire the physician who aspires to perfection with caution and the hope of curing some of the most troublesome diseases that have hitherto usually been beyond medical aid. It produces in its direct action a kind of mania, amounting in larger doses to helplessness and despair. Small doses make indifferent things appear repulsive to the imagination, although they are not so in reality.

Maxims Pertaining to Mercurial Inunctions.—The following maxims, deduced from experience, irrefragably demonstrate the doubtful propriety of employing frictions:

1. The quantity of metallic or oxydized mercury that can be introduced into the body by rubbing in the ointment cannot be determined, and is entirely uncertain.
2. There are often obstacles that prevent the rubbing in.
3. The frictions are often not suitable for the disease.
4. They are frequently injurious.

HOW I FEED MY TYPHOID PATIENTS.

BY GEO. B. PECK, M. D. PROVIDENCE, R. I.

When some time since I received a request for information on this point, I quietly smiled and detemined to go one better. Accordingly at the first opportunity the gentleman was interviewed, who furnished me with all definite ideas concerning the treatment of fevers ever possessed. His name is Robert Hall, and the circumstances under which said ideas were secured have been elsewhere reported. Since his experience is almost exactly twice as long as mine, and his clientage calculated to excite the envy of all, his testimony is worth at least four times what mine would be. With pleasure, therefore, the following informal statement, taken phonographically on the spot, is presented from him:

"The first thing I give my patient is water, all he wants; if he doesn't want much, I rather urge its use. Its temperature conforms to his desire, and varies from warm to ice cold; usually it is simply cold. Then I put him on a strictly liquid diet. Under this title are included, of course, gruels and porridges. The former may be made of any farinaceous substance; it contains no milk. My method of preparing the latter may be illustrated by the following: To a pint of water add two teaspoonfuls of Indian meal and boil two hours, maintaining the quantity by pouring in boiling water from time to time. Meanwhile salt to taste. At the end of two hours add half as much milk as there is water, and let it boil up once. Then immediately remove it from the fire.

"In the early stages I am governed to some extent in the selection of a viand by the patient's wish, but I consider pure, fresh milk to be one of the most essential articles, and order it when more nourishment is required. When the heart begins to weaken and the person becomes generally enfeebled, brandy is added to the milk and administered regularly, the frequency and the amount varying, of course, with the condition. While it should be ever borne in mind that it is possible to overstimulate, the use of alcohols must not be too long delayed. I permit the patient to take all the milk he wants, but always specify the amount of brandy, one to four teaspoonfuls of which is put in each cup of milk. If he prefers whisky, it is permitted. I also use chicken tea, beef tea, and mutton broth, rating the first two as more stimulating than the last. Bovinine, Valentine's beef and Wyeth's beef may also be given, the last in hot water, the two former may be in ice. Murdoch's Food is allowed when asked for.

"I never give solid food until the patient is quite advanced in convalescence. Jellies, and wine jelly more particularly, come in at this time. Especial care must be taken concerning the amount of food

given at this stage. I do not allow a patient to sit up until he has taken quite nourishing food for at least a week. I want to know that the heart has been strengthened by assimilated food. This is important. When able to sit up I allow apple, baked or stewed, or even for a while stewed prunes. A very few grapes in their season may be given for a relish, but in small quantities. Pears and bananas are seldom allowed. I never have had success with dried toast, even when convalescence has progressed considerably. Regularity and system are important in all stages of typhoid fever."

Hoping it will not seem too presumptuous, the reporter will add that his chief reliance is on milk and brandy. Although a total abstainer from all beverages containing alcohol, and a prohibitionist to the extent of voting for the State Constitutional amendment and against its repeal, he would have said he would not undertake to treat a case of typhoid fever where the use of alcohols was forbidden, had he not chanced to think of "liquid peptonoids" as a possibly satisfactory substitute. He recalls one case complicated with erysipelas of the face and scalp, that recovered after subsisting for more than a week solely on California champagne. He is not so venturesome in the matter of fruit as his friend, Dr. Hall.

CLINICAL CONDENSATIONS.

Glycerine as an Abortifacient.—The injection of a drachm of chemically pure glycerine within the cervix uteri has been recommended by Prof. Kossman for the induction of labor, and the early securement of the emptying of the impregnated uterus in the early stages.

Eucalyptus as an Antidote to Strychnia.—The thorough flushing of the stomach with Eucalyptus, the strength of an ounce of the tincture to the pint of water, has been recommended by Prof. Musmeci in strychnine poisoning.

Cocaine for Carbuncles.—The hypodermic injection of ten drops of a six per cent. solution of cocaine is said to abort the development of carbuncle if the injection be applied early.

Salicylic Acid for Tapeworm.—Hourly doses of six to eight grains of Salicylic acid, for six doses, are said to be almost a sure teniafuge. The action of the heart should be closely watched during its administration.

Hydrastis Canadensis for Nasal Catarrh.—Hydrastis is, perhaps, the best external application for chronic nasal catarrh, but if the best effects are to be obtained it should be used as a vapor rather than as a spray. Where liquid vaseline is applied it may be impregnated with Hydrastis. Calendula officinalis is also a most excellent local agent in offensive ozena, and may be used in like manner. Neither agent should be used during acute stages.

Peroxide of Hydrogen in Nasal Hemorrhage.—The local use of hydrogen dioxide in obstinate epistaxis has been resorted to with prompt relief. The dioxide may be used on cotton swabs, or as an injection with an ordinary piston syringe. It immediately clears up the hemorrhage, and will be found especially valuable by nasal specialists in bloody operations.

Sugar for Chronic Ulcers.—An old domestic remedy which is receiving some attention in medical circles is the local application of table sugar for chronic ulcers of the legs, particularly in old and debilitated subjects. The sores should be covered with sugar every day for a few days and then at longer periods as necessary.

Xeroform vs. Iodoform.—Xeroform is the name of a new preparation made from Bromine, Phenic acid and Bismuth which is offered as a substitute for Iodoform. It is said to be non-poisonous, nearly odorless and tasteless, non-irritating, slightly anesthetic and strongly antibacterial in its effects.

Nitrate of Potassium for Burns.—A saturated solution of saltpetre, in the form of baths or applied by means of compresses, is strongly advised by Poggi, for burns. Where possible, the burned member should be held in water to which a few teaspoonfuls of the salt have been added, and as the water grows warm from the blood heat of the member, more of the salt should be added. When compresses are used, they should be repeatedly dampened with the saturated solution of the potash. The pain of burns is said to be thus quickly relieved and vesication largely prevented.

Salix for Gonorrhea.—Thirty to sixty days of the tincture of Salix nigra has been found useful in severe chordee. It also controls excessive sexual desire incident to gonorrhea. The dose should be administered at bedtime. It is not known whether attenuations of the remedy will produce like satisfactory effects or not.

Rumex Crispus for Morning Diarrhea.—The action of Rumex crispus in a severe case of morning diarrhea, occurring in a woman aged sixty, who had suffered from it for ten years, losing flesh and strength and feeling exceedingly weak from her attacks, is said to be very satisfactory. The stools began daily, about six a. m., and continued until about 10 a. m. (Natrum Sulph., Aloes, Podophyllum). Rumex gave prompt relief and effected a permanent cure.

Creosote for Tuberculosis.—For many years the use of Creosote in consumption has been the main reliance of the old school. In a recent issue the New York Polyclinic says it has no direct influence upon the tuberculous tissue, its effects being from its tonic properties only. It acts as a stomachic, and perhaps lessens secretions somewhat, but aside from this is declared to be of no use whatever.

Hot Enemas for Retention of Urine.—In retention of urine from paralysis, as from the pressure incident to labor, hot water per rectum does away with the necessity of resorting to catheterization.

Involuntary Proving of Pulsatilla 200th.—Miss ———, aged 27, dark hair and blue eyes, of variable disposition, intellectually bright, in fairly good health, suffering no illness at the time of her involuntary proving, accidentally drank a solution of two ounces of water and twenty drops of the two-hundreth dilution of Pulsatilla toward the middle of the afternoon. Early next morning she suffered severe uterine crampings, much like menstrual colic, was slightly nauseated, and fainted before breakfast. The pains were acute and colicky in character. The eyes were encircled with dark rings, the pupils were somewhat dilated, the lips ashen and face bluish, hands and feet cool, circulation impaired, heart's action and breathing labored. Was at first inclined to look upon her symptoms as of trifling importance, but their severity soon dispelled her inclination to treat them lightly. For several hours she suffered severe cramping pains, general circulatory disturbances and light-headedness. No other operating cause could be traced, and as all the symptoms wore away within a few hours without medication and without disturbances

of the digestive organs, the conclusion was forced that the case was one of an involuntary proving of the remedy. The subject is easily influenced by the higher attenuations, is in the enjoyment of fair health, without uterine or menstrual difficulties. The proving occurred a week prior to the menstrual nisus, which was not influenced thereby. The patient faints easily, usually painlessly. But her fainting spell at this time was attended by writhings and severe pain, with a pitiful wail as if she lost consciousness. It was attended also by severe pressure in the head, on the vertex, and an agonizing sensation of impending faintness before experienced, with a "just tell them that you saw me" expression that seemed to say that her fainting was unto death. C. E. Fisher

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SOME OF THE USES OF THE MERCURIALS.

FROM THE HOMEOPATHIC WORLD.

Mercurius Solubilis Hahnemanni is effective for the following diseases: Hard chancre (with induration at the edges as well as at the bottom) and indurated buboes; macular, papular, and vesicular syphilides, fauces and tonsils, as also the tongue, deep red, swollen, ulcerated, mucous patches upon the uvula and tonsils. Dryness in fauces. Salivation. Dysphagia with sticking pain. Ozena with greenish-yellow discharge and pain in the nasal bones. Bone pains, especially from the warmth of bed. Exostoses. Caries. Necrosis. Also for soft chancres with everted edges, either resembling raw flesh and easily bleeding, or with lardaceous covering at the bottom. All ulcers in which Mercurius solubilis is indicated have a tendency toward spreading on the surface, and they rarely penetrate very deeply. It is effective in early stages of lues. Gonorrhea. Tenesmus vesicae, burning pains in urethra. Discharge green or greenish yellow, thick, sometimes mingled with blood. Orificia urethrae edematously swollen, red. Excoriation; redness and swelling of glans and prepuce (with females of labia), with thick and yellow secretion, even with phimosis or paraphimosis. Orchitis and epididymitis (with females bartholinitis) with hard, somewhat sore swelling, drawing pains. Virulent buboes in soft chancre and gonorrhea, with hard, sore swelling, and commencing fluctuation (afterwards Hepar sulphur and Silicea).

Prostatitis with hard swelling and heavy pains toward perineum. Herpes preputialis or progenitalis.

Mercurius aceticus is hardly ever used.

Mercurius Dulcis, or Calomel.—Balanitis and balanopostheitis. Phagedenic chancre. Mucous patches. Macular syphilides. Blepharitis syphilitica. Mercurius solubilis and Vivus as also Calomel may be used at the same time externally in low triturations as a dusting powder.

Mercurius Bromatus and Cyanatus are not used for genital affections.

Mercurius Iodatus Flavus or Protoiodatus is indicated when a hard chancre is healed by the aid of other preparations of Mercury, induration still remaining for a long time after. Thick yellow covering at the base of the tongue, while the edges and the tip are red and clean. Large, swollen tonsils, with a thick, sticky mucus in fauces. Large, hard, swollen glands in the groins. Pustular, gummatous, and tubercular syphilides.

Mercurius Iodatus Ruber or Biniodatus.—Epididymitis gonorrheica, with hard but not sore swelling. Chronic suppurating buboes in gonorrhea and soft chancre. In cases of hard chancre it is the most effective preparation used alternately with Kali hydriod. Kafka, or combined with Kali hydriodicum, or when Kali hydriod or Kafka alone has proved ineffective. Hard buboes. Pustular, gummatous and tubercular syphilides. Rupia. Syphilitic sarcocele. Cachexia syphilitica. Syphilitic ulcer upon os and cervix uteri. Old cases of lues in scrofulous patients.

Mercurius Sulphuricus is not used for syphilis or local venereal diseases.

Pediatrics.

SNAP-SHOTS FROM FISHER'S DISEASES OF CHILDREN.

Oxygen in Scarlatina Malignosa.—An adjuvant of unquestioned value in scarlatina malignosa is pure oxygen.

The Genealogical Picture.—So many constitutional dyscrasiae will have to be uprooted in order to insure perfect health in child-life, that a complete genealogical picture is essential to the best work.

Prognosis in Influenza.—The prognosis in this disorder is always favorable except where pneumonia supervenes or when the attack is so violent as to result in cerebral congestion and convulsions.

Stimulants.—I have learned to interdict the use of stimulants in children. I do not know that I have ever seen good arising from their use in child-life in tuberculous diseases and I feel sure that I have often witnessed elevation of temperature, increase of headache, greater degree of relaxation and consequent increase of night sweats.

Scarlet Fever Complications.—At no time in child-life are dyscrasiae as apt to show as during or following an attack of scarlet fever or other blood-poisoning state; therefore the necessity for prescribing for not alone the fever, the throat symptoms, the kidney or other complications, but for the patient, complications included.

Typhoid Fever.—There is no need for hurry in typhoid fever, for the disease has a set course to run, and the best we can hope to do is to modify its symptoms, direct its course somewhat and guide the patient safely through its fire. Efforts to terminate typhoid fever by crisis are far more hazardous than to let it down gradually by lysis.

Pop-Call Visits.—Pop-call visits are the cause of much carelessness in practice among children whose ailments later show to be of such seriousness as to have deserved a most thorough initial investigation. Examination should always be conducted with a view to ascertaining everything that can be learned by careful inspection, often of the naked child.

Stomatitis Diphtheritica.—Diphtheria is attended by a stomach peculiar to itself, which is nothing more nor less than the development of a diphtheritic membrane and diphtheritic process generally upon the buccal membranes, tongue and lips. Its treatment should be actively constitutional. Arsenicum, Lachesis and China are a great trio in this disease.

School Headache.—A remedy of the first importance for school headache is Sanguinaria. Its pain begins in the morning in the occiput, passes up through the head, and settles in or about the right eye. It is of a sharp lancinating character, and when at its height compels the patient to lie perfectly quiet. There is often associated coldness of the

hands, feet and surface of the body in the Sanguinaria headache.

Artificial Foods.—Altogether the digestive disorders of young children have long been my bete noir, and in consequence I have tried to carefully study the question of infant feeding, with the result that no flimsy excuse is allowed to weigh for a minute in the question of taking a child from its mother's breast. Nor do I permit of a mixed diet with very young children, especially if their disorders come on early in the season or during the hottest months of summer.

Knee Joint and Hip Joint Disease.—It is well for the student and beginner to exercise care in diagnosing between knee joint and hip joint disease upon the strength of pain experienced in the knee. When this is present from caries of the hip, there is nothing abnormal about the knee, whereas when the pain arises from the knee joint disease, the joint is swollen, tender to the touch, hot and edematous, or boggy, depending upon the synovial or bony character of the case.

Intubation in Diphtheria.—It should be remembered that it is not always easy to direct the tube into the larynx. The presence of the membrane, and the swollen, turgescent and softened condition of the tissues efface the usual anatomical landmarks and the effort is not infrequently little more than an attempt to place a tube in the throat. Time is an important factor, bungling and long-continued efforts are not justifiable; intervals of rest between unsuccessful attempts are absolutely necessary for the patient's safety. The whole procedure should occupy but a few seconds.

Remedies in Mumps.—A sextet for remedial reference in this disease begins with Belladonna, whose special application is found in right-side cases; Pulsatilla for blonde children, where the pains are particularly aching in character; Rhus tox in cases immediately following scarlatina, where Lycopodium is also useful, the latter best suiting scrawny children of phthysical dyscrasiae. Testicular or mammary involvement is best met by Clematis erecta. Mercurius is occasionally called for. Other remedies to be borne in mind are Hepar sulphur, sometimes terminating a case nicely, Calcarea carbonica, Arsenicum, Lachesis and Kreosotum.

Some Yellow Fever Keynotes.—For the intense aching and catarrhal coryza witnessed in the first stage when the patient has taken cold after perspiration Dulcamara is useful. The convulsions so typical of Cicuta and Cuprum in children may be best met by these remedies. Yellow fever nausea may be allayed by Ipecac, Antimonium crudum, Carbo vegetabilis, Cocculus, Tabaccum and Apomorphia. The snake poisons, Lachesis, Crotalus and Naja, for the black vomit. For the quick collapse sometimes seen in the course of the fever Veratrum album and Arsenicum will be needed. Opium for the profound coma, Nitric acid and Secale for hemorrhagic states.

HUMANIZATION OF MILK.

Sterilization of milk must now yield as gracefully as may be to maternalization, humanization. To make mother's milk of cow's milk would strike one at first thought as impossible, but one Dr. Leon Dufour has, he thinks, succeeded in accomplishing this. It is known, of course, that the chief difficulty in the use of cow's milk for new-born babes is its over-abundance of proteids and salt and insufficiency of sugar. To overcome these redundancies and lacks Dr. Dufour has set about the remaking of cow's milk in the following manner: To prepare small quantities he takes a glass of a capacity of about two litres. In the lower half of the vessel is a mouth closed with a rubber stopper of caoutchouc and a hood of the same substance is placed over the top of the vessel. A quantity of milk appropriate to the age of the infant, and varying according to age from 480 grammes to 1,200 at one feeding, is poured into the receptacle. The milk used should be fresh and sweet and taken from the cow, when possible, just prior to its maternalization. It is even desirable to thoroughly cleanse the teat of the cow and milk a few last grammes directly into the receiving vessel. Once closed up the receptacle is placed in a cool place, preferably where running water may play over it, and left for four hours. At the end of this time the vessel may be investigated, with care not to agitate the liquid, when it will be found that two layers, a superior and an inferior, have formed, the top one the cream, the lower the blue milk. Opening the lower mouth of the vessel, one-third of the blue milk is drawn off and the vessel restoppered. By this action one-third of the proteids and azotes has been drawn off, but, unfortunately, one-third of the sugar has been taken away as well. To atone for this, take of water the same quantity as was drawn away from the blue milk and put in thirty-five grammes of lactose to the litre. This quantity will stand to the whole mixture for the twenty grammes of difference between the fifty grammes of cow's milk and seventy of mother's milk plus the subtracted third drawn off—about fifteen grammes of compensatory fluid. Add to the lactose one gramme of chloride of sodium to the litre, as that is an indispensable element of our organism and is lacking in cow's milk. Stir until thoroughly mixed and add it to the vessel of milk in preparation. Some children need one or two small teaspoonfuls of cream added to their daily portion. A very different process is employed for the maternalization of large quantities of milk at one time. The milk is diluted with a third of water, and to each litre is added fifteen to twenty grammes of fresh cream, thirty-five grammes of lactose and one gramme of chloride of sodium. This process of maternalization has simplicity to recommend it, and it is being indeed earnestly recommended by French physicians who have been induced to take the matter up by Dr. Dufour.

Associations.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.

REPORTED BY H. O. SPALDING, BOSTON.

Business Session.

The Massachusetts Surgical and Gynecological Society held its nineteenth annual meeting at the Castle Square Hotel on Wednesday afternoon, December 9th.

After disposing of the routine business the amendments to the constitution, which were held over from the semi-annual meeting in May, were brought before the society, with the result that the first two articles of the amendments were lost, and the rest accepted practically as they stood.

The election of officers for the ensuing year resulted as follows:

President, J. W. Hayward, M. D., Taunton; first vice-president, Clara E. Gary, M. D., Boston; sec-

ond vice-president, J. P. Rand, M. D., Worcester; secretary, N. H. Houghton, M. D., Boston; treasurer, Grace E. Cross, M. D., Boston; censors: W. Smith, M. D., Boston; J. H. Sherman, M. D., South Boston; G. E. May, M. D., Newton.

Scientific Session.

The scientific session was opened with the president's address by Dr. J. H. Sherman, of South Boston.

The address opened with a short review of the different medical theories in ages past, and their searchings for truth. The specializing in medicine was spoken of briefly, and the danger of going ahead too fast in a specialty, as surgery and gynecology. The belief was projected that it was a part of the physician's work to call a halt to promiscuous operating. The address ended with a plea for more men and women to think what is the truth about potency. "Let every man be fully persuaded in his own mind as to what potency he will use."

Progress in Gynecology.

Dr. Martha E. Mann, of Boston, was next called upon to report upon the progress in gynecology. Dr. Mann spoke of hysterectomy by the two methods, and the difficulty of choosing between them in certain cases. The matter of drainage in these cases was also spoken of. Operation for ovarian abscesses and fibroid tumors of the uterus was reviewed, with the weight of evidence in favor of the vaginal method. Suspension was recommended now rather than ventral fixation. Dr. Mann considered the womb with endometritis analagous to an abscess, and that the treatment should be similar.

Under diseases of the kidney, Kelly's method of catheterizing the urethra was considered.

In the discussion which followed Dr. Clara E. Gary spoke especially of gynecology in connection with electricity, and gave an interesting account of the two large electro-therapeutic societies in this country.

Dr. James Krauss took exception to Kelly's method of catheterizing the urethra. He considered it very faulty, because Kelly dilated the bladder by air; secondly, the mirror was used to illuminate the bladder, and very few people had the skill to carry out such a method, when the stilette was easily passed through the walls of the bladder by mistake. Dr. Krauss considered the necessity for this method of operation done away with by the use of the endoscope, which permitted one to look into the bladder and see the urethra, while Dr. Kelly, according to his method, was obliged to trust to his fingers.

Dr. Packard apparently doubted the value of the endoscope. In reply Dr. Krauss thought that the difficulties in its use lay in not having a perfectly transparent fluid in the bladder. He had used the method but a few times in this country, but had seen it used extensively and successfully in Berlin.

The Treatment of Gonorrhea.

The next paper offered was on "The Treatment of Gonorrhea," by Dr. James Krauss, of Boston.

He first spoke of the abortion of gonorrhea, believing it possible in the earlier stages, and that the only drug to be used without destroying the mucous membrane was nitrate of silver, which he diluted one to a thousand; this destroys the germ. His method of application was to wash the anterior portion of the mucous membrane, brush the anterior two inches with the solution and combat the reaction with Aconite. If the discharge has appeared the disease cannot be aborted. The remedies here would be probably Aconite and Gelsemium.

As to local treatment there was a diversion of theories, the author believing in a solution which will remove the discharge. That injections caused strictures he thought to be a fallacy. Dr. Krauss advised local treatment from the very first, using an astringent incapable of injury to convey a warm solution of permanganate of potash, one to five thousand at first, gradually increasing its strength to one to one thousand. Sulphate of zinc, one to four thousand, he also spoke of favorably. The solution should be left in the urethra he thought from one to three minutes. With this treatment should be given the indicated homeopathic remedies; violent exercise should be prohibited and the danger of complications borne in mind. If these complications arise, treat them according to general medical and surgical rules.

After the paper Dr. Krauss had a subject present, on whom he showed the normal urethra, by means of the urethro-scope.

In the discussion Dr. O. S. Saunders, of Boston, thought the paper theoretically good, but practically impossible to carry out. Dr. Saunders believed that we did not diagnose our gonorrhea cases accurately, and that not one-half the cases were gonorrhea, but mere urethritis. As to treatment: absolute quiet for the patient, milk diet and the indicated remedies. Of four cases recently treated according to this method every one was cured in six weeks, and the diagnoses had been made positive by microscopic examination. The necessity of following a case for four or five weeks before we can claim a cure was strictly dwelt upon.

Dr. J. W. Hayward believed cleanliness to be before rest in importance.

Dr. W. Smith said he was not so interested in the treatment of the disease as in its suppression, believing it should be attacked through that method rather than treatment. Dr. H. E. Spalding reported a case of gonorrheal rheumatism occurring at the Massachusetts Homeopathic Hospital recently, where a man claimed to have had no sexual connection for a year, and the discharge started up after he entered the hospital.

Dr. Alonzo Boothby did not believe in Dr. Saunders' small percentage of cases of gonorrhea.

Progress in Surgery.

The president next called upon Dr. Alonzo Boothby to present a report on the Progress of Surgery During the Year.

As to operations in general, evidence was found of a tendency toward conservatism and a hesitancy to attempt new operations. In appendicitis the belief seemed to be growing that the exploratory incision was not so dangerous as treatment. In diffuse peritonitis, commencing suddenly, we know we have a rupture of the bowel, and nineteen times out of twenty it is the appendix.

In malignant diseases he found a tendency to thorough operations—as in cancer of the breast it was in general accepted as best to remove the axillary connective tissues and glands; and in cancer of the uterus total extirpation was the method which he favored.

Dr. Boothby spoke at considerable length upon inflammation, being a strong believer in the theory that inflammation is never present without a septic or specific inoculation—not that it is necessarily

a germ, but that some germ or toxic must be present. The term "simple inflammation" should be thrown out and that condition classed as an irritation and functional disturbance.

In the discussion which followed, Dr. Warren asked how it was possible to know that there was no inflammation in a clean wound. Personally he thought there would be inflammation in healing by first intention.

In reply Dr. Boothby wished to know the cause of inflammation, believing that there is no inflammation without a toxic and septic cause, inflammation not being necessary to healing—that requiring a reparative process.

In regard to a burn he believed that we have a serious disturbance and irritation at the line of demarkation of vital tissue. The question of all inflammations being septic was discussed, pro and con, by numerous members.

Surgical Treatment of Uterine Displacements.

The fifth paper was by Dr. F. W. Elliott, of Boston: On the Surgical Treatment of Certain Forms of Uterine Displacements by Ventral Fixation.

To begin with, Dr. Elliott thought every means for relief should be tried before operating; and thought the removal of healthy pelvic organs for obscure nervous diseases to be unwarranted.

The paper ended with a comparison of ventral fixation and Alexander's operation, supported by quotation of cases. Dr. Elliott placed himself upon the side of ventral fixation.

The discussion was opened by Dr. Packard, who objected to ventral fixation, because where operative procedures were called for there was usually an inflammatory complication, and in such cases it was better to remove the uterus than to leave it hanging to the surface of the abdomen. Again, he objected to ventral fixation since it was ordinarily called for in women past child bearing, and by this means we would only save an old offending member. Vaginal removal of the womb he did not consider as usually dangerous to the patient, and the recovery from this operation was far less complicated than where the abdomen was opened. As to Alexander's operation, he thoroughly believed in its value, but thought it could not be used except in selected cases.

Fracture of the Patella.

The last paper to be presented was by Dr. J. W. Hayward, of Taunton, on "Fracture of the Patella."

On opening Dr. Hayward reviewed the anatomy of the patella. He spoke of the method of applying a posterior splint and an anterior pad across the tendon above the superior margin of the patella, and the use of an adhesive plaster along the sides to lessen the tension.

The operation of uniting the fragments of the injured patella by means of the drill and silver wire was described. In certain cases where this method was not possible, he would extend the leg to obtain relaxation of the anterior muscles, then bind firmly and smoothly, applying plaster bandages and splint.

In the discussion Dr. Winfield Smith spoke favorably of the ambulatory treatment of fractured bones, and the use of a dressing which will permit the patient to go about in a few days. If it was impossible to operate in these cases of fracture of the patella, he agreed with Dr. Hayward on the value of the plaster cast.

Epithelioma of the Cervix.

Before the scientific session broke up, Dr. Linn, of New York, presented to the society a method which he had used in the treatment of epithelioma of the cervix. He used an application of turpentine followed by iodine, with improvement, in his early cases; but he now uses a preparation of glycerine and turpentine. He also showed the society a sigmoid irrigator, for the purpose of carrying fluids well up into the large intestine.

After the scientific session the members enjoyed the annual banquet and a social meeting in the evening.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. O. SPALDING, BOSTON.

The Boston Homeopathic Medical Society held its regular monthly meeting Thursday evening, December 3d, 1896.

Scientific Session.

After the routine business had been disposed of, the Scientific Session was entered upon. Dr. Horace Packard presented a number of interesting pathological specimens, and Dr. W. J. Winn presented two specimens from operation for appendicitis, and made a few remarks upon the necessity of early operation in this disease. He was followed by Dr. Packard, who further enforced the necessity of early operation.

O. and O. Section.—Then the meeting was turned over to the charge of Dr. A. A. Klein, the chairman of the section of Ophthalmology, Otology and Laryngology.

Dr. Klein prefaced the reading of the papers by a few remarks on the work of the section during the year. It seems that they held regular meetings for several months, at which subjects were presented and discussed, and much good was derived from these sectional meetings.

Local Applications for the Nose and Throat.

The first paper of the evening was by Dr. S. A. Sylvester, of Newton Centre, who chose for his subject:

Local Applications in Diseases of the Nose and Throat.—After a short review of the reasons for the use of local applications, Dr. Sylvester gave an extensive resume of the different remedies incorporated in these applications, with the indications for each remedy. He then spoke briefly of the different vehicles for holding the drug. He considered cocaine quite indispensable in making many of these applications.

In the discussion which followed, Dr. George B. Rice took up the question as to whether local applications should be given strictly according to the law of similars. Dr. Rice is a firm believer in local applications, on the ground that frequently homeopathic remedies must have the way prepared for them and be aided by the local application. Apparently the indicated drug frequently results in failure unless aided by local applications. He even, in certain cases, omitted the indicated remedy, and used the local application alone.

In regard to Dr. Sylvester's application of the drug according to the special indications, Dr. Rice said he was also a firm believer in that method.

From his opportunities for observation, he would draw the inference that the results are far better when the internal remedy is supplemented by local application.

The Turbinated Bones.

The second paper of the evening was:

The Turbinated Bones in Health and Disease, by Dr. T. M. Strong, Boston.

Dr. Strong reviewed briefly the nature and means of determining the disease, and then spoke of the hypertrophic state, with its diagnosis and treatment; then of the true hypertrophy, for which he recommended as a treatment the local use of astringents and galvanic cautery for scarring. He looked upon cocaine as a great source of danger, and to be avoided when possible.

Syphilis of the Eye.

Dr. James Krauss, of Malden, presented the third paper on

Syphilitic Diseases of the Eye.—He regarded the eye as one of the most favorable grounds for the action of this disease. Syphilis of the lids, mucous membrane and conjunctiva was not dwelt upon, because it was not peculiar to the eye itself.

Before the stage of eruption, hypertrophy of the retina and choroid may be found. Dr. Krauss looked upon the serous and the plastic forms of iritis as rheumatic rather than syphilitic; the papular form he regarded as syphilitic.

Then followed a brief description of the disease and its symptoms. His belief in the theory that syphilis is a blood disease is strengthened by finding syphilis first noticeable in the blood vessels of the eye.

In the discussion Dr. Suffa took exception to the remarks of Dr. Krauss in regard to the cornea, thinking we may find a corneal trouble during the second stage and in chronic syphilis. Many cases of iritis give evidence of an acquired disease, in which we have no papular iritis. We often see it in a non-active course, and often see an intense irritation without papules.

The statement made by Dr. Krauss that tabes dorsalis is a syphilitic disease was challenged by Dr. Colby, who stated that it is not true in many cases, he believing it to be a post-syphilitic disease in 70 to 75 per cent. of the cases, and anti-syphilitic treatment proving useless.

In reply, Dr. Krauss maintained that most syphilologists believed tabes dorsalis to be a syphilitic disease, and all eminent European neurologists with one exception agreed with him.

Dr. Klein doubted the great prevalence of syphilis as a cause of disease, and did not think it necessary to limit inflammation of the eye to syphilis and rheumatism.

Diseases of the Middle Ear.

Dr. Howard P. Bellows presented the last paper of the evening, it being

A Comparative Report of Selected Cases of Diseases of the Middle Ear Treated by Vibratory Massage.—It was a carefully prepared compilation of statistics, and as such better read and studied at leisure than merely listened to in a medical meeting. Although failures were reported as well as successes it was notable how in many cases where the hearing was very greatly impaired it had been raised to the normal standard by vibratory massage.

The next meeting of the Society will be devoted to the Medico-Legal Section and held upon Thursday evening, December 17th, 1897.

RHODE ISLAND HOMEOPATHIC SOCIETY.

REPORTED BY H. O. SPALDING, BOSTON.

The Rhode Island Homeopathic Society held its forty-seventh annual meeting in Providence, on January 8. The meeting was a great success, there being the largest attendance in the history of the society. The programme for the scientific session was as follows: Progress in Surgery, H. A. Whitmarsh, M. D.; Strickler's Statistics and Their Lessons, George B. Peck, M. D.; Medico-Legal Examination and Medico-Legal Testimony in Accident Cases, F. W. Elliott, M. D., Boston; A Few Points Gathered in Europe, W. S. Smith, M. D., Boston; Specialties and General Practitioners (president's address), T. H. Shipman, M. D.

In the evening there was the annual dinner and reception to delegates and guests. Among the visitors from Boston were Dr. Frank Richardson, Dr. J. Emmons Briggs and Dr. H. E. Spalding.

Correspondence.

NEWS-LETTER FROM THE PACIFIC COAST.

The College Situation.

The college situation in San Francisco is deplorable. Organized about fifteen years ago, Hahnemann Hospital College started upon a prosperous career and proceeded fairly well until persons outside of the management began to hamper it. By pursuing an unreasonable and vindictive course, they succeeded, after three or four years, in forcing the control into other hands. The college struggled for a time under the new arrangement with indifferent success, it being found necessary in course of time, in order to keep it alive, to re-elect its first dean. Meanwhile the institution had been seriously crippled by illiberal policies and the failure of those having had it in charge to supply the necessary "sinews of war" with which to keep up its equipment and keep it in presentable condition. It takes faculty money, and lots of it, to sustain colleges not yet supported by large student patronage, and this had not been plentifully supplied. The new corps of officers either had no pocketbooks or had hidden them in the fireplace at home or under the mattress or in an old stocking—at any rate they had not been opened in college interests. And so the institution was badly run down when the original management was again called to take charge.

And then came its body blow. The American Institute demanded a uniform four years' course of all our colleges. No discrimination was made in favor of pioneer colleges in mission fields. The same requirements were demanded of San Francisco and Denver and Louisville, as of Boston, New York and Philadelphia. No account was taken of the necessities of new colleges, nor of the relation of three-year and two-year allopathic colleges to the student situation. There are so many of these over the country that hundreds of students with homeopathic tendencies, even students of homeopathic preceptors and sons and daughters of homeopathic doctors, are being driven into the allopathic fold because we require of them one year more of their time and hundreds of dollars more of their money. San Francisco's college is the first to go down under the new rule, but other western colleges will surely follow from the same primal cause unless the rule is modified and the colleges graded.

As the time came to enforce the new rule the classes were so small when divided that it seemed useless to try to keep up a college longer, and the faculty determined to suspend operations for two or three years, perhaps permanently. Subsequently this action was reconsidered, the younger men be-

lieving themselves able to keep it alive, only Drs. Currier, Ward, Martin, Boericke and Palmer retiring. Later, Drs. Palmer and Boericke were induced to continue in teaching capacity, and the former was also induced to accept the deanship. He kept it just three weeks, resigning when he found it impossible to secure enough subscriptions to stock to set the college fairly on its feet. Dr. Peterson is now dean, and with several of the younger members of the profession is doing what he can to save the school.

But the profession is indifferent, the classes cannot be made large enough under the four years' rule to inspire the faculty with enthusiasm, the income from reduced classes is not sufficient for the necessities of the case, a certain number of the profession of the coast are forninst anything the rest may try to do anyway—and there you are!

What is going to be done about it?

There first needs be a revival of real homeopathic enthusiasm and real homeopathic teaching. Then the faculty must suit its conduct to the necessities of the case and meet the college conditions of the west, keeping to the three years' course if its student-patronage is driven to the old school under the present rule. And personal bickerings and jealousies must be smothered, the profession of San Francisco coming together oftener than they do in social relation, in professional relation and in medical society relation. They should get acquainted.

The college situation is truly deplorable when such excellent surgeon-gynecologists as the Wards are not in it, when such an excellent neurologist and faithful and zealous adherent of homeopathy as Martin is not in it, when such an excellent physician and business man as Currier is no longer dean, when men of the strength of Selfridge are incontinently indifferent or outspokenly opposed to it, when McNeil and a few of his followers are rantankerously vindictive, when the former professor of surgery is so recreant to his plain duty as to have gone to such a cheap allopathic college city as Louisville to take an allopathic degree that he might throw up his homeopathic license and take one from the allopathic board in order to pose as a "liberalist," and not "a narrow-minded sectarian," and when several well-to-do homeopathic physicians in San Francisco so tighten down their purse-strings that the Goddess of Liberty on their nickels has the very life squeezed out of her.

There are enough good men in San Francisco to make a good college faculty. But they need stirring. They need to waken from their Rip Van Winkle slumber and be brought to realize that the world moves. They need to re-read the Organon, if, indeed, they have ever read it—to be re-baptized in the homeopathic faith—to begin anew in the practices of homeopathy. They should attend their county society every time there is a meeting, and not turn it over to some allopath with a book-ax to grind, as was done the night the writer was in attendance. The homeopathic situation was better in San Francisco ten years ago than it is today, and this is wrong. A limited faculty of a dozen men who might be named as suitable for college work, each pledging himself to do his part thoroughly, in season and out of season, and to contribute his full share toward the support of the college until it is fairly on its feet, would revolutionize the situation.

Will it ever be done? A few funerals and a few births are needed first!

The Sanatorium.

An excellent step forward has been taken in the establishment of a homeopathic sanatorium, to which all homeopathic physicians in San Francisco and vicinity may bring their patients. This institution is in no wise connected with the college, nor is it representative of any clique or special interest. It is an excellent beginning toward a homeopathic hospital. After waiting years to have some rich philanthropist give them a sum of money with which to build a hospital, the profession, through half a dozen of its hardest working and most practical members, has taken off its coat and set up a hospital for itself. And a good beginning it is, too! Located in the protected or warm belt of the city, the Mission district, kept free from the chilly ocean winds and fogs by the protecting hills, it is admirably situated. The building is an unusually large and commodious residence, splendidly finished without and within, elevated several feet above the street level, surrounded by a beautiful lawn and shrubbery, and with sun on every side—an element of importance in San Francisco. It is difficult to conceive of a better building and situation. Dr. Currier, Dr. Boericke, Drs. James W. and Florence S. Ward, Dr. Martin and Dr. Palmer have put their shoulders to the wheel and their hands in their pocketbooks to provide the profession with this sanatorium, throwing open its door to all alike, giving all an equal chance, thus hoping to bring the profession together in a common object—the building of a representative homeopathic hospital ere long. From the opening of the doors the institution has been self-supporting. Daily operations are performed, always with visiting students and physicians enjoying and profiting by the advantages offered. It vies with the Rochester Homeopathic Hospital, with Dr. Lee in charge of the surgical and gynecological work, and with the Pratt Sanatorium and the Helmuth House as a place for surgical and gynecological observation and review. It was my good fortune to witness several abdominal and plastic operations, besides a vaginal hysterectomy by Dr. Florence Ward and another by Dr. Palmer. Dr. James W. Ward has something interesting and instructive almost every day, and as he alternates operations with Dr. Florence Ward, no matter whose the case nor what its nature, there is almost always opportunity to witness her skill as an operator.

The San Francisco experience offers something for other cities to think about. The college effort was tried here first. It has never been a great success, and in recent years has been almost a complete failure. Now a hospital effort is being made, and from the start it is a pronounced success. Through it the profession see more of each other than before, are thrown into closer professional relation, excellent clinics are being established, the people are being benefited, and a college can come on later if demanded. The hospital should precede the college. San Francisco began backwards. Other cities have done and are doing likewise. They cannot retrace their steps too quickly. Every city of fifty thousand or upwards should have a homeopathic hospital. And no city, no matter what its size, should have a college without a hospital. And, again, every college in every city in all this country should have its own and ample hospital facilities.

C. E. Fisher, M. D.

December 15, 1896.

Medical Century

A Semi-Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR

WILSON A. SMITH, M. D., ASSOCIATE EDITOR.

New York and Chicago, February 1, 1897.

Editorial.

DOES ILLINOIS WANT A MEDICAL EXAMINING BOARD?

It is not a pleasant duty for the Medical Century to have to give notice to the profession of this State that among the measures to be presented to the Legislature this winter for enactment into law there is to be one proposing the creation of a State medical examining board.

The bill will provide for the organization of a mixed board, to be composed of four allopaths, two homeopaths and two eclectics. It is to be their duty to examine all applicants for the right to practice in Illinois without reference to possessorship of a diploma or previously secured right to practice in any other State. No one will be granted a license without individual examination. The examination will cost twenty-five dollars, and every year there is to be a re-registration fee of one dollar. These moneys are to go toward sustaining the expenses of the board and paying its members. No one will be eligible to examination unless he be a graduate of a legally recognized medical college.

The object proposed to be attained by the re-registration requirement is the suppression of the medical advertiser, it being suggested by the authors of the measure that this yearly surveillance will keep them constantly under the watchful eye of the board. But this is a chimerical view. Once licensed as a competent physician it is not for any State board to de-professionize that licensed physician, unless he be proven a criminal. The right to obtain a livelihood for one's self and family by means of his profession has been proclaimed by Justice Field, of the United States Supreme Court, to be "a property right which cannot be arbitrarily wrested from him." Surely no State board would expect to confiscate a physician's real estate because he did something contrary to their rules, yet here it is suggested that a right proclaimed by a member of the highest court in the land to be "a property right" may be foot-balled at the pleasure of an examining board.

If the object to be attained by the visionists proposing this feature of the measure were even remotely possible through it, it might be well to give heed to their bill and weigh it carefully. But has Illinois anything upon which to base expectations that it will accomplish what New York and Pennsylvania and New Jersey and other examining board States have failed to accomplish? Certainly not! In all these commonwealths the advertising mountebank sits secure and laughs in his sleeve at the cupidity of the medical regulators. The Radams and Copelands and Hathaways thrive in those States and they will thrive here—and at the expense of a needless and burdensome regulation of the legitimate profession.

There are about ten thousand physicians in Illinois. The registration fee is to be one dollar for each physician. Here are ten thousand dollars per annum. Then the examining fee is twenty-five dollars. It is safe to say there are five hundred new doctors to be examined yearly. Here are twelve thousand five hundred dollars per annum; total, twenty-two thousand five hundred dollars per annum from the doctors of Illinois! It is outrageous to ask that we contribute this or any similar amount of money annually to have ourselves "protected." We want no such protection as is likely to proceed from such a source.

There is a gross injustice, also, in the proposition to make the newcomer pay twenty-five dollars for an examination when he is already the possessor of a diploma from a recognized college, or the holder of a certificate of qualification from another State. By far the larger proportion of new physicians in Illinois each year are new graduates. But few of them have any money to spare when they get through college, and to prescribe for them twenty-five dollars for an examination at this time in their careers is but legalizing robbery. They have been passing examination after examination for months, and while much more likely to be able to pass a board examination than the physician of a score of years of experience, it is unjust to them, and altogether unnecessary, except in perhaps a very few instances, that an examination should be demanded, and it is robbery to take what little money they may have therefor.

Were the board examination any more effective in raising the standard of the profession than the college examination, there might be some sense in insisting upon it. But it has not been so proven. Even the New York examination proves nothing that college examinations do not. In two individual instances of which we have knowledge as having occurred within a twelvemonth, graduates of one of Chicago's younger colleges, one of whom barely got through, with per centums that were far from creditable, easily withstood the New York examination and came off with flying colors. Yet this student was one of the poorest in Chicago's next youngest homeopathic college.

For a good many years the Illinois Board of Health has made great claims for the work it has done in elevating the standard of the profession. It has devoted a large share of its time to studying the medical college situation. It has claimed to have

rid the State of more than a thousand mountebanks. In every State in the Union it is asserted that it has done exceedingly effective work. It certainly has struck the keynote in looking after the colleges and demanding high requirements of them. Here is a legitimate line of operation. There is no individual hardship practiced. The colleges are the proper bodies to determine the fitness of young men and women to practice medicine. Let Illinois, through a broad-minded board of health, composed of men who can ride above petty jealousies and who have no personal or college axes to grind, and no fees in sight except those provided for by the State in connection with board of health affairs, continue to elevate the standard of the colleges, and let us by all means discountenance the idea of a detective supervision, a walk-up-and-toe-the-mark-once-a-year supervision of the individuals composing the profession, when once they are graduated.

We firmly believe in the Darwinian theory of the survival of the fittest in this relation. All the examining boards in the world would not have made a Hahnemann or a Sims. Genius lies in the individual. It should not be hampered by excessive legal machinery. England and Germany have severe courses of study and the severest possible examinations; yet who among us will assert that all the great achievements in medicine and surgery belong to them? Or who among us believes that the English physician or the German physician is more successful at the bedside than the American? Is not the converse, rather, true?

There is a certain amount of natural adaptability for medicine in certain men and women, which may be developed by college and hospital training to a high degree. But no examining board in the land can determine at one sitting as to the capabilities or incapabilities for actual bedside work of those being examined. This has to be learned by the careful observation of competent teachers over a period of months, even years. And certainly there is no more safety in the examination of an examining board than in that of a college faculty; nor are State examiners likely to be more honest and more thorough than college examiners. Heretofore the money argument has been the chief one used against the latter. But in the proposed Illinois bill the amounts of money prescribed as going to the examining board are far out of proportion to the amounts secured unto the colleges for their work with students, the functions of the two being considered.

The Medical Century is not opposed to the enactment of any measure which looks to the legitimate, effective and successful elevation of the standard of its profession. But it is consistently and persistently opposed to all measures looking to the creation of unnecessary legal machinery, looking to the oppressive and arbitrary control of the profession, and calculated to annoy the legitimate practitioner in the vain endeavor to in some way, somehow, by some hook or crook, get at the advertising mountebank and illegitimate vulture wearing the cloak of the doctor, and who always manages to escape punishment depending upon enactments of this character.

The people and the profession of Illinois are getting along well enough in a medical way. Let us alone. This demand for a new medical law comes not from the profession. It emanates from the office of the secretary of the State Board of Health, and a few of the members of that body. The practicing physicians of Illinois and their patrons are satisfied with the present conditions. The State Board of Health has already accomplished a great deal of good along the lines upon which it has been working. Let it continue to operate along those lines until the people, the profession and the lay and medical press demand a change. Far better is it to bear the ills we have than to fly to those we know not of.

HOMEOPATHIC LITERATURE IN HOMEOPATHIC COLLEGES.

Since engaging in the publication of medical books we have been brought to look up the lists of text-books adopted in various homeopathic collegs, and are surprised at the general adoption of allopathic authorities, even in fields in which we have our own literature, and at the neglect of our teachers to place the constitutional works of early homeopathic authors upon their lists. While Hahnemann's Organon is down now as a book of reference in nearly all the colleges, we rarely see Grauvogl named, the Lesser Writings are never mentioned, Jahr's Symptom-Codex is unheard of, his Symptomatology and Repertory are absent from them all, and Hempel's Science of Homeopathy, Hahnemann's Chronic Diseases, Dake's Therapeutic Methods, Dunham's Science of Therapeutics, and other like books are apparently studiously shelved. These are the homeopathic Bibles and Testaments. Our students can never be thoroughly imbued with the principles and basic truths of homeopathy without them. To the neglect of our colleges to demand the study of these and kindred volumes may be traced a great deal of the indifference toward the essential tenets of homeopathy and strict compliance with its methods so common among recent homeopathic graduates. The great men of our profession who preceded us—who made homeopathy what it is—relied upon this class of literature to a very great extent, and became successful practitioners and successful builders of a great medical system, whose benefits and prerogatives we are enjoying today. We may well return to their methods, to the books they studied, to the truths they learned from the founder and his early followers. The golden grains to be garnered from the pages of our constitutional literature will serve us well if we but gather them in.

But aside from the neglect to place our constitutional books upon our college lists, there is also

almost a criminal carelessness and indifference toward our modern text-books. In some of the leading homeopathic colleges books are named as text-books which are out of print. In others some are named which are clearly out of date. In still others preference is given to old school works in departments in which we have books the full equal of theirs. In one of the leading homeopathic colleges of the West a one dollar monograph is named as the leading text-book in pediatrics, and this is followed by several allopathic books, both Tooker's Diseases of Children and Fisher's Diseases of Children being altogether ignored. In another leading college in the same city Tooker is given first place, then comes a list of old school works, no mention being made of Fisher, Teste, Duncan, Edmonds or other homeopathic treatise. In still another college Fisher's is mentioned as the first book and no place is given Tooker or any other homeopathic volume, several allopathic books being named as works of reference. And this, too, in a department in which we all know of the helplessness of the old school system. Yet our beginners are told to buy these books in preference to homeopathic works, and are expected to be able to steer clear of the chaff and always garner what little wheat they may contain—a "hit or miss" reliance.

In the department of surgery, too, like carelessness and disloyalty are observed. We have for many years prided ourselves on Helmuth's System of Surgery, yet in many of the homeopathic colleges it has long since been turned down as a text-book. It has been followed by the Homeopathic Text-Book of Surgery, a work representing the best surgery of our profession, built by twenty-five of our best surgeons, including Profs. Helmuth, Macdonald, Van Lennep, Green, Shears, Pratt and others equally well and favorably known; yet in many of our colleges no mention is made of it, either as a text-book or as a work of reference. In one of the leading colleges of Chicago the American Text-Book of Surgery is given first choice, even though the professor of surgery in this college is one of the authors of the Homeopathic Text-Book, and his surgical colleague is also one of its authors.

In justification of this attitude it may be suggested that there may be a question of superiority between the two books, and that we have here a noble example of devotion to surgical science and art—that in turning down the book in which he is an author this particular professor shows an unselfishness that is greatly to be admired. As against this thought, however, we have to offer the testimony of an able old-school surgeon. In a recent letter from Dr. Green, of Little Rock, he tells us that "An old-school surgeon of fine ability, right up-to-date and liberal in his views, borrowed my Homeopathic Text-Book of Surgery. I asked him what he thought of it, and he replied, 'It is without question the best one-volume book published—away ahead of the American Text-Book of Surgery, and also ahead of Parks.' He further said, 'That article on Anesthesia is the best I have ever read, and that alone is worth the price of the book.'" This testimony, coming from an old-school surgeon, should set our surgeons to thinking about the course some of them have pursued in relation to the work of themselves and confreres. Surely if it is good enough for the allopaths it should have first place with us.

These instances are cited simply to show our carelessness. Such policies could not be made to succeed in business ventures, and it may be put down that homeopathy is not succeeding today as she would succeed were we to stick by our colors, our colleges, our literature, our institutions. Our late books are deserving of full recognition by our teaching corps. Even were they not quite up to the highest standards of the older school, it would still be our duty to encourage the production of better books by recognizing the merits in those now before the profession. But they are, as a rule, quite up to old-school literature, and in the department of therapeutics far more valuable than all the latter have given us. Our surgery, too, is acknowledgedly a modern and scientific treatise. It could not be otherwise with the list of authors in mind who made it. The profession has given it a most cordial reception. Most of our colleges have recognized it by giving it first place, and the remaining colleges may well do likewise. It is difficult to understand how any professor of surgery in a homeopathic college can give preference to an allopathic book and still remain loyal in mind and action to himself, his surgical colleagues and his profession.

But especially in the departments of materia medica, practice of medicine, pediatrics, neurology and all other specialties in which the application of remedies forms a chief part, we should be more loyal to our literature than we are. We have become impregnated by allopathy by relying too largely upon their books and journals, and in recent years have not been securing the best results for our patients and ourselves. Let us turn over a new leaf and be homeopaths in practice as well as in profession or haul down the flag. There are better things in store in our own armamentarium than in the haphazard methods too much in vogue, and we can get them out of our books if we but try. By all means our colleges should teach our students a straight homeopathy, an every-day homeopathy, an all-the-year-round homeopathy, a homeopathy in every department. And they must rely upon homeopathic books if they will do this.

A MISTAKEN MOVE IN MICHIGAN.

As one of the most consistent, insistent and persistent friends of the Michigan profession during all the long struggle to save the homeopathic college at Ann Arbor from the serious danger which menaced it, the Medical Century views with re-

gret the present attitude of a portion of the profession of that State, believing their determination to keep up the agitation over the question of the removal of the school to Detroit, in the face of the recent decision of the supreme court to the effect that the regents had power beyond the legislature in relation to university affairs, to be unwise and prejudicial to the best interests of the college.

Our former trouble was brought upon us by ourselves—that is, by jealous, over-ambitious and quarrelsome members of the late faculty. A later reorganization occurred, but the profession insisted upon the retirement of the offending dean. This result was secured, the regents, tiring of the whole matter, retiring the entire faculty with him and deciding to build anew from the ground up. This they have done, have done well, and the school is doing well accordingly. Within two years there has been gathered a class of above forty, in spite of the fact that there are several more homeopathic colleges than three years ago, that times are hard, money scarce, the Ann Arbor term long, and, worse than all, that an atmosphere of uncertainty has hung over the college ever since the serious troubles of three years ago. Under all the circumstances the new faculty has accomplished a great deal, perhaps more than any previous faculty in the same length of time.

And the regents are doing fairly by the school. Of this there is not a shadow of doubt. The present faculty, who certainly are in a position to know, attest it to a man; and they are honest men. We have our own hospital, our own superintendent to our own hospital, our re-organized and harmonious faculty, our mid-winter bulletin, our new pharmacological laboratory, a fund for the obstetric department, and the faculty assert that they are having no difficulty whatsoever in inducing the regents to do all that is asked within reason toward the support of the school.

Under the circumstances it is worse than folly to continue the agitation. The school should be given a chance for its life in new hands, and the regents should be given an opportunity to prove their willingness to meet the reasonable demands of a reasonable, harmonious and hard-working faculty.

And why should the college be removed to Detroit? It may be true that it is somewhat better as a clinical field than Ann Arbor. But the founders of the school knew this and declined to have the college established here. Members of the late faculty now in favor of the removal knew this all the time they were connected with the school, but not once did they raise their voices in favor of removal while on the campus. Not only so, but for years they officially and personally proclaimed to the profession and students of the country that the clinical facilities at Ann Arbor were most excellent. Surely they are no less pronounced now than then; in fact, they have improved greatly, according to authentic accounts. And with harmony established and the regents fair to our school, it is reasonable to assume that they will continue to improve.

The situation at Detroit is not promising. There are factions there. There is indifference there. Grace hospital is in danger of being lost or divided even now because of apathy and neglect of duty on the part of some actively engaged in working for removal of the school. It is doubtful if it would be wise to take the college there under the circumstances, even if the regents were ever so anxious to remove it; and with them against it, with the people of the State mainly against it, with the profession divided, even in Detroit, upon the subject, and with the school prospering now as not in the recent past, it would seem to be sheer folly to attempt to compel the regents to move the college by lobbying with the legislature against the university appropriation, unless a removal rider be attached to the appropriation bill.

The time seems to have come to lay personal convictions and desires, disappointments and grievances aside. The profession of the whole country and the journals all over the country stood manfully by the Michigan profession to save the school at Ann Arbor. The original founders of the college wished it there. Half of the profession of Michigan today wish it to remain there. It is eminently fit for many reasons that it should be continued right on the campus, right in the enemy's country, and that we should not even consent to allow it to be taken away from the home of the university. Our students need university advantages and associations and atmosphere as much as do the students of the allopathic college. So long as the regents were supposed to be outspokenly and unreasonably antagonistic we stood for removal. Now that they are known to be otherwise—that they have proven it by their actions, in assisting in every way to re-establish the college—we are unalterably opposed to this unceasing warfare against them, believing that the welfare of the college is endangered thereby and that no good interest of the school can be subserved by enforced removal.

There is reason in all things; let there be reason in this. We regret not to be able to agree with those with whom we formerly stood shoulder to shoulder in the contest for the salvation of the Ann Arbor college, but conditions have changed and we believe opinions and courses of action should change with them. Give the rehabilitated school a chance to show what the future has in store for it; then, if that future be not satisfactory, we can all join hands in urging the pursuance of another course.

Dr. Emmet L. Smith, of Forty-third street and Grand boulevard, Chicago, is now the accredited representative of the North American Journal of Homeopathy of Chicago.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. E. J. Powell is located at Watson, Pitkin County, Colorado.

Dr. S. C. Delap, of Kansas City, Mo., was married Christmas eve at 10 o'clock.

Dr. O. B. Moss, of Malcolm & Moss' Materia Medica, has located in Burlington, Ia.

Dr. and Mrs. James C. Wood, of Cleveland, spent a portion of the holiday season in Denver.

Dr. H. M. Paine has removed from West Newton, Massachusetts, to Atlanta, Georgia.

Dr. F. A. Boericke, of Philadelphia, was a Chicago man for a few days the latter part of January.

Dr. S. B. Parsons, of St. Louis, Mo., has removed both residence and office to 3131 Washington Avenue.

Professor Sheldon Leavitt reports himself as "delighted with the appearance of the January Century."

Mr. Boericke, of Chicago, sailed for the far east, the orient, on January 26th. He will be gone some months.

Dr. B. Frank Betts is now located at 1609 Girard avenue, Philadelphia, with office hours from 8 until 11 A. M.

Dr. St. Clair Smith, New York, has removed from 8 North Thirty-eighth street to 25 West Fiftieth street.

The Hahnemannian Advocate for November 15th was issued early in January. Future numbers are promised on time.

Dr. E. P. Cook, of the Cleveland Medical College, '97, immediately upon graduation will settle in Granville, Ohio.

Dr. Kent B. Waite succeeds Dr. Dudley Smith in the Registrarship of the Cleveland University of Medicine and Surgery.

Dr. T. M. Dillingham, New York, was married January 4th. Dr. and Mrs. Dillingham will reside at 8 West Forty-ninth street.

Dr. E. L. Herrick, of Hebron, Illinois, spent his vacation days, during the Christmas time, among old friends and acquaintances in this city.

Dr. R. Hilton Chase, Cripple Creek, Colorado, wishes an assistant, preferring a young man willing to do hard work and capable in surgical lines.

Dr. Chas. Lowry, of Topeka, Kan., is doing an enviable business and has made a lasting impression upon the profession and people of his new home.

On Christmas morning the Polyclinic Hospital, New York, was destroyed by fire. Fifty-five patients were in the building at the time, but all were safely removed.

The peculiar expression of happiness one sees in the face of Dr. M. R. French is due to the return of his better half, who has been visiting friends in Cincinnati.

Dr. Dwight J. Roberts, of Council Bluffs, has been visiting in Chicago during the past month. He is looking well, and doing well in the Hawkeye State.

Dr. Mary C. Shibley, of Hahnemann Medical College, '90, and Cook County Hospital, is at present absent from her duties on a trip around the world with her brother and friends.

The batch of news-notes from the Middle East, recorded on another page, comes to us from Mr. A. E. Frankland, of Halsey, Bros. Co., who has been out on a profitable and busy trip.

The Medical Visitor properly opposes the idea of a State examining board for Illinois. It also very properly suggests that the good work might commence by examining the examiners themselves.

Dr. A. R. F. Grob, Milwaukee, has recently removed from 482 National avenue, where he has been located for nine years, to his new offices and residence at 386 Grove street, corner of Mineral street.

Dr. W. J. Hawkes, Chicago, who contemplated spending a portion of the winter months in southern California in the interests of his health, is so much improved that it will not be necessary for him to leave Chicago.

Dr. T. J. Bryan, formerly of Shelbyville, Kentucky, has removed to Louisville, with offices on Chestnut street, near Second street. Dr. Bryan is professor of obstetrics in the Southwestern Homeopathic College.

Two changes are chronicled in the staff of the Hahnemannian Monthly for the ensuing year. Dr. Wm. H. Bigler will succeed Dr. Bartlett and Dr. F. Mortimer Lawrence takes the place and pen of Dr. W. B. Van Lennep.

Dr. Marian C. Low, one of the new members of the Century family, is doing nicely in her location at South Haven, Mich. The class of '95, of old Hahnemann, will be pleased to learn of the success of their class-mate.

Dr. E. S. Bailey, Chicago, has been appointed secretary of the American Institute's section in gynecology. With Dr. Wood as chairman and Dr. Bailey as his aide-de-camp a most excellent sectional meeting may be expected.

Dr. Frederick Morton Wall, of New York, whose long illness has been noted with solicitude by hosts of friends and acquaintances, at last succumbed to the illness with which he fought so long. Dr. Wall's death is mourned by many friends.

Dr. E. C. Austin, who for some time has been located at Norwood, New York, has bought the practice of Dr. John A. Macdonald at Elkhorn, Wisconsin, and has been established in the latter city since the first of January, 1897.

Dr. H. Worthington Paige, who for some years past has had charge of the news department of the North American Journal of Homeopathy, has retired from the journal and is succeeded by Dr. W. S. Pearsall, of 128 West Seventy-eighth street.

Dr. T. C. Askenstedt, recently at Bryantsville, Kentucky, has removed to Louisville and taken offices with Dr. Bryant on Chestnut street. Dr. Askenstedt is professor of histology and bacteriology in the Southwestern Homeopathic College.

The Eclectic Medical Journal for January contains a favorable review notice of the Homeopathic Text-Book of Surgery, in which it states that it thoroughly represents the surgery of the nineteenth century, with the accent on the word thoroughly.

From a private letter from Dr. E. H. Porter, New York, it is learned that there has been a good deal of typhoid fever in that city in recent months and that several physicians and nurses have been prostrated by it, death resulting in a number of instances.

The Medical Century for 1897 has met with commendation from all quarters. Not the least appreciated of the nice things that have been said is a note from the Hahnemannian Monthly congratulating us upon the handsome appearance of our New Year's number.

Dr. Albert B. Hale, son of Dr. E. M. Hale, is giving exclusive attention to diseases of the eye and ear. He has lately returned from a trip to Europe, where he spent a long while in studying this special work under the leading teachers of the continent. His office is in the Venetian Building.

The December meeting of the Homeopathic Medical Society, of Germantown, was held at the office of Dr. Herbert Reading. Four additions to the society were proposed and passed upon affirmatively. In January the society was entertained by Dr. James Harwood Closson, its secretary.

The Cincinnati Lancet-Clinic for January devotes an editorial to courteous notice of Dr. H. E. Beebe, and the fact that he was a guest of Dr. Scudder, eclectic, and that he delivered an address before the Cincinnati Homeopathic Lyceum that was attended by some of the old school of Cincinnati.

The graduating class of Hering tendered to the faculty of that institution a reception on the evening of January 3. It was enlivened by speeches, a dainty little spread, music, and the presentation to the college of an excellent portrait of the dean, Dr. H. C. Allen, which was secured by the class.

Dr. F. J. Scott (Hahnemann, '88), of Oakland, Illinois, was in Chicago during the holidays. He is located in the broomcorn belt of the world and is doing a fine business in that prosperous vicinity. He is one of the busy men who are doing much to build up the good name of our school of medicine.

Dr. H. R. Stout, who has been in the Southland for twenty years, is now giving especial attention to diseases requiring a change of climate. Dr. Stout's long experience among invalids requiring the benefits of a mild winter climate will lead all of those who know him in the North to remember him and his delightful location when prescribing Florida for patients.

Now is the time for the members of the American Institute of Homeopathy, and for all those members of the profession who are not yet members but who ought to belong to our national association, to begin to get ready to attend the Buffalo meeting next June. The meeting of 1897, under the presidency of Dr. J. B. G. Custis of Washington, is sure to be a most excellent one.

At the annual meeting of the Illinois State Board of Health in January, Dr. B. M. Griffith, of Springfield, was chosen president, Dr. J. W. Scott, of Springfield, secretary, and Dr. Sarah Hackett Stevenson, of Chicago, treasurer. Instructions were issued at this meeting to the committee on sanitation to follow closely the matter of pure water on trains. The board has recently issued an order requiring all railroad companies to give careful attention to the supplying of pure drinking water for their passengers.

The Massachusetts Homeopathic Hospital is one of five legatees to the sum of two and a half million dollars left to public institutions by ex-Mayor Henry L. Pierce, of Boston. The remaining institutions remembered by Mr. Pierce are the Massachusetts General Hospital, the Massachusetts Institute of Technology, and the Museum of Fine Arts. The President and Fellows of Harvard College also come in for nearly or quite half a million dollars. We are especially interested, of course, in the good fortune of the Massachusetts Homeopathic Hospital. Too seldom are our public institutions remembered by testators. The Boston Hospital deserves all the good things that may come unto it.

The Medical Visitor suggests that it has a note from a country contributor calling attention to the fact that there are five homeopathic colleges in Chicago, all claiming to be representatives of the true article, in all of which the inconsistensies of which we are guilty are many and glaring. Homeopathy's proclaimed followers could do a great deal more for themselves and the system they represent were they to consider these important topics and govern themselves accordingly. Who can point to an allopathic college prescribing homeopathic text-books for their students? Yet homeopaths do it in many departments in which we have a creditable literature of our own.

Drs. O. R. Long, Ionia, J. C. Nottingham, Bay City, R. C. Olin, Detroit, J. N. Reynolds, Grand Haven, S. G. Milner, Grand Rapids, Lancelot Younghusband, Detroit, and Frances S. Hillyer, Grand Rapids, have issued a circular letter to the profession of Michigan setting forth the advisability of ceasing the college-removal agitation and giving the regents and new faculty of the school at Ann Arbor a chance to demonstrate what it may become with a hard working and harmonious faculty at the helm. This is as it should be. We have fought and won our fight and have saved the school from traitors within and foes without, and the regents and faculty are now doing all they reasonably can to build up the college classes and clinics. Hands off.

Governor Altgeld appointed Dr. J. A. Vincent, of Springfield, superintendent of the new Western Hospital for the Insane among his latest official acts. All along Governor Altgeld has promised us this appointment, but a mistake was made in leaving it until the last minute. His term of office expired early last month, and now Governor Tanner will have something to say about who shall occupy the position. It is not likely he will relish the naming of an appointee by Governor Altgeld just before the latter retired from the gubernatorial chair, though it is believed his sense of justice will prompt him to continue the asylum in our hands. By so doing he will be performing an act of justice and will be conserving the best interests of the insane of Illinois.

The Ann Arbor Democrat for January 1st speaks of the college-removal subject as follows: "Word comes from Detroit that the homeopathic physicians of Detroit, under the lead of Dr. MacLachlan, intend to cripple any appropriation measure for the University, with a proviso that it will not be available until the regents move the homeopathic department to Detroit. It would seem that the success the department has had this year would lead them to let things rest for a time and give the department a chance. The truth of the matter is that they are looking after themselves more than after the department." In its last clause we believe the Democrat to be mistaken. The removal branch of the profession means well, beyond doubt. But they are working along wrong lines.

The officers of the American Institute of Homeopathy for 1897 have issued a circular letter urging the profession at large to greater activity than ever in the interests of the Institute and the general interests of homeopathy throughout the United States. The keynotes to the efforts of the administration are announced to be, first, the cultivation of a greater bond of sympathy between the Institute and the homeopathic profession at large; second, the promotion of good fellowship and harmony between those already members of the Institute; third, that scientific discussion, unequaled

by any similar organization, be secured by a combined effort on the part of the officers and bureau chairman; fourth, that the standing committees have ample opportunity to present the result of their labors, in order that the Institute may in the most effective manner give expression to its opinions on all matters relating to the welfare of the school.

The following are the bureau chairmen of the Illinois State Homeopathic Medical Society for the May meeting: Obstetrics, Dr. F. W. Gordon; medical legislation, jurisprudence and education, Dr. J. A. Vincent; gynecology, Dr. Curtis M. Beebe; materia medica, Dr. A. C. Cowperthwaite; pediatrics, Dr. H. A. Millard; rhinology, laryngology and pneumonology, Dr. Thomas E. Roberts; ophthalmology and otology, Dr. C. J. Swan; surgery, Dr. Charles Adams; neurology, psychology and electricity, Dr. R. C. Newell; clinical medicine, Dr. B. S. Arnulphy; sanitary science, Dr. Sarah W. Andrews; pathology, physiology and histology, Dr. Emmet L. Smith; medical literature, Dr. C. E. Fisher. The secretary has issued postal cards containing this list and asking members to signify at once which bureau they desire to write for and to notify him immediately. Those who have thus far failed to do this had best select an assignment and notify Dr. W. A. Dunn, secretary, Marshall Field Building, Chicago, forthwith. A good meeting is promised. It will be held in Chicago, May 11th, 12th and 13th, under the presidency of Dr. J. B. Dunham, Wenona.

The third annual meeting and banquet of the Hahnemann Association was held at Windsor Hotel, New York, on Thursday evening, December 3d, 1896. Many eminent physicians of this city and vicinity, accompanied by their wives and daughters, were present, besides a large number of ladies and gentlemen representing the lay membership of the association. At the business session President Martin Deschere presided. Eighty-nine applicants were admitted to membership, and the following named candidates were elected as officers for the ensuing year: President, Francis E. Doughty, M. D.; first vice-president, Charles McDowell, M. D.; second vice-president, Edward Chapin, M. D.; third vice-president, D. J. Roberts, M. D.; recording secretary, H. D. Schenck, M. D.; corresponding secretary, S. H. Vehslage, M. D.; treasurer, A. G. Warner, M. D.; members of the executive committee, J. Lester Keep, M. D., A. B. Norton, M. D., M. Deschere, M. D. The interval between the adjournment of the business meeting and before entering the banquet hall the members employed in social converse. After the dinner President Deschere made a short address of welcome, and a statement of the condition of the homeopathic school, here and abroad, at the present time. Dr. C. F. Adams was then introduced as toastmaster, whose rhetorical effusion and felicitous introductions of the speakers charmed the audience. The first toast, to the memory of Samuel Hahnemann, drunk standing, was:

"Deem not helm and harness
The sign of valor true;
Peace hath higher tests of manhood
Than battle ever knew."

Rev. Edward Judson, D. D., responded in behalf of "Medical Missionaries." To Dr. E. H. Porter was assigned the toast, "To Charity." His friends expected that he would preach a sermon, but he surprised them; he spoke to the text in an able and very pleasing manner. Charles E. Hughes, A. M., gave "A Lay Prognosis" of the medical profession, and Mrs. Alice May Scudder spoke of the physician from "A Woman's Point of View." Dr. J. B. G. Custis, Washington, D. C., responded briefly to "The American Institute," of which he is the president. The meeting was a grand success in every sense.

WASHINGTON WHISPERINGS.

Dr. J. H. Branson has moved his office and residence to 1231 New Jersey Avenue.

The Hospital Staff held a meeting December 11, and transacted considerable business of importance.

Dr. George H. Lee has returned to the city after an absence on account of illness, and moved his office and residence to 1620 Fifteenth Street.

Dr. J. B. G. Custis has recently come into possession of a souvenir in the shape of an old letter written by the immortal Hahnemann under date of December 21, 1805.

The December meeting of the Washington Medical and Surgical Club was held at the residence of Dr. W. F. Corey, and after the transaction of considerable business, officers were elected for the ensuing year as follows: President, Dr. T. L. Macdonald; vice-president, Dr. Ralph Jenkins; secretary, Dr. Charles A. Davis; librarian, Dr. S. S. Stearns; treasurer, Dr. L. B. Swormstedt. At the close of the meeting Dr. Corey invited the members into the dining-room where they partook of all the good things that make men happy. On Christmas day the members of the club were photographed in a group.

Our Dr. Frank A. Gardner has found it necessary, from a rapid growth of business, to build a very large addition to the north side of his present residence. He will have a waiting-room twenty-five feet long; next to this room will be a room for the administration of static electricity from a powerful static machine, consisting of eight plates of five feet in diameter, the whole machine occupying a space eleven feet long, five feet wide and nine feet high; this will be used to charge a cage made of brass tubing in which the patient sits; next to this room is the consulting room, and leading from this on the opposite side is a room for the administration of the galvanic, faradic and sinusoidal currents. In the rear of this is another room supplied with the same electrical apparatus; also a couch room in which the patients are required to rest after taking treatment; connected with the couch room is a lavatory and ladies' toilet room, etc. All these rooms are connected with the consulting room by electric bells and speaking tubes, and the floors are to be of granite. It is one of the most modern and complete physician's offices it has been our pleasure to see.

Dr. Caroline Brown Winslow, one of our oldest homeopathic physicians, died here December 7th, after suffering for two years from paralysis. Dr. Winslow has been a resident of Washington since 1864. She was born in the parish of Appledore, County of Kent, England, November 19th, 1822, and came with her parents to the United States in 1826. The family made their home in Utica, N. Y., where Dr. Brown, after graduating from the Cincinnati Eclectic Medical College in 1853, and from the Western College of Homeopathy at Cleveland, Ohio, began practice. She was successful and enjoyed a constantly increasing practice there until the necessity for medical service in the hospitals in Washington in the last year of the war brought her here. In 1866 she married Mr. Austin C. Winslow, a well known and respected citizen of Washington. Mrs. Winslow was for many years a most

earnest advocate and promoter of the cause of woman's suffrage, being a life-long friend of Susan B. Anthony, Mrs. Elizabeth Cady Stanton and others of the older leaders in the movement. She was active in philanthropic work in Washington in connection with her profession. She enjoyed a large and lucrative practice until in 1894, when she was stricken with paralysis. For two years she has been in a helpless condition. Another stroke came December 4th. Dr. Winslow was a woman of rare strength of mind and charming personality. Her philosophy of life was full of sunshine, and her death will give a sense of loss to thousands who have known her. She was a member of the American Institute of Homeopathy and of the Homeopathic Society of the District of Columbia. She aided in founding a number of the public institutions in the District. At the death of her sister, while living in Utica, Dr. Winslow adopted her niece, now the wife of Dr. Edgar Janney of this city.

BOSTON BUDGET.

Dr. Wm. C. Goodno was in town recently and was present at one of Dr. Packard's Saturday morning clinics at the hospital.

Dr. Walter Wesselhoeft, of Cambridge, has returned from Europe and begun his course in obstetrics at the Medical School.

Miss Lucille James, B. U. S. M. '97, interne at the dispensary, has been in the hospital with typhoid, her work being taken by Mrs. Merrick of the senior class in the Medical School.

Dr. Hattie E. Kenny has been ill with typhoid fever, but is now convalescing. Her place as interne at the Massachusetts Homeopathic Hospital has been filled by Miss Mary E. Hanks, B. U. S. M., '97, and Dr. Alice Z. Patterson.

The change in visiting physicians took place on January 1; Dr. Henry E. Spalding retiring and Dr. Conrad Wesselhoeft entering upon his three months' term of duty. On the surgical side Dr. N. W. Emerson took the place of Dr. Horace Packard.

The surgical clinics of the last three months have been full of rare and interesting cases. A noticeable feature has been the presence of students from Harvard Medical School and the Medical Department of Tufts University. At first a few dropped in on Wednesday and Saturday mornings; after coming once they came again and brought friends with them. Certainly this is a grateful recognition of our hospital and the surgeon on service at the time—Dr. Packard. Several of the most interesting cases have already been commented upon in this column of the Century. Among the rest is noticeable a case of double hare-lip and double cleft palate; the patient was very young and only the lip was operated upon. The cleft was very complete, extending up into both nostrils, and beneath the septum of the nose. The lip and maxillary bone made a marked projection. This was relieved by lifting the periosteum from the vomer, then removing a wedge from that bone, allowing this projection to fall back into place; then the defect in the lip was repaired. The operation on the palate was not attempted, that being left until the child is older. A week or so later the baby was brought into the clinic and it was demonstrated what a great improvement had been made. Not only was there improvement in the condition of the lip, but the nose itself, which was markedly distorted, had begun to assume a better shape.

Another unusual operation was the excision of the rectum for cancer. Dr. Packard used Kraske's method and was fortunate in being able to leave the sphincter ani and a piece of the lower portion of the rectum intact and to bring down the upper edge or end of the bowel and suture it to the portion remaining attached to the sphincter. The patient has since been reported as making a satisfactory and uneventful recovery.

Dr. Packard had the misfortune to be obliged to operate upon a "bleeder," and as a result the students in his clinic were fortunate enough to see a good case of injection of normal saline, which brought down a pulse of over 140 per minute at the beginning of the injection to about 125 per minute after some three to four pints of saline had been added to the blood. One feature has been noticeable and that is the effort to bring cases into the clinic during the period of convalescence, thus allowing students to see the results of an operation which they saw performed, and in some instances to see the first or second dressing of a surgical case.

On the last clinic of his term of service Dr. Packard presented an excellent list of operations, among which was one particularly rare and interesting case. A baby sixteen months old was brought in; the probable diagnosis of ovarian cyst had been made. The abdomen was enlarged, and there was distinct fluctuating tumor on the left side and well down in the abdomen, extending from the pelvis to an inch and a half above umbilicus. On making an exploratory incision it was immediately found to be retroperitoneal and the diagnosis of ovarian cyst proven to be wrong. After enlarging the abdominal opening and cutting through on to the cyst wall it was aspirated and over a pint of greenish-white fluid withdrawn; then the tumor was carefully freed, the ureter was found running into the cyst, which was a cystic kidney; the whole mass, still larger than one's two fists, was carefully removed, after the necessary ligations, and the wounds closed up.

The Massachusetts Homeopathic Hospital has been left $50,000 by the will of the late Henry L. Pierce, but what is more, it, with four other charitable and educational institutions, has been made residuary legatee, and if the rumor is correct that means an additional one hundred thousand. This is a very welcome help, especially as the hospital is increasing in its number of patients every month and consequently in its expenses. During the last three months the capacity has been very thoroughly tested, the census one day being the largest in the history of the institution.

The Boston Homeopathic Medical Society held a special meeting on Thursday evening, December 17th, which was devoted to the medico-legal section. After the preliminary business had been disposed of Dr. E. P. Colby, chairman, took charge of the meeting and made a few remarks upon the raison d'etre of the section. An entertaining address by Samuel K. Hamilton, Esq., of Boston, on expert medical testimony was the opening paper of the evening. Mr. Hamilton gave a brief account of the make-up of a court, its officers and their duties. He then spoke of the objects for which an expert witness was called, his qualifications, duties and responsibilities.

Dr. J. W. Hayward, of Taunton, opened the discussion. Dr. Hayward spoke mainly of his experiences as an expert witness, laying great stress upon careful preparation and examination, a full understanding with the lawyer for whose side the expert is called, and by this means bringing out the doc-

tor's strong points and aiding to conceal those on which he is weak.

After a short general discussion, Dr. Henry M. Smith, of New York, spoke to the meeting on the Hahnemann monument, the progress of the work and progress of the funds. He urged that means be taken to push the matter locally. Suggestions to this end were made by several members.

A few weeks ago mention was made in this column of the work done with the X rays in the Boston University School of Medicine. Since that time experiments of great interest have been carrid on in Dr. Sutherland's laboratory with the coil of Mr. F. E. Strong, B. U. S. M. The daily papers, from time to time, have had stories of how the blind could see by means of the cathode rays, and it is along this line that experiments have been conducted. A good subject for experiment was found, Dr. James R. Cocke, a graduate from this school, who has been blind from birth, hence could have no conception of light. He is a man of wonderful mental gifts and one who has made exhaustive researches into the realm of hypnotism and psychology. After acquainting himself with the instrument by tactile sensation and becoming accustomed to the sound produced, he was seated before the tube and the current turned on. Dr. Cocke said that he experienced an unusual, a new sensation, and located its reception as through the forehead, not the eyes. On breaking the connection, in such a manner that no knowledge of the act could be obtained through hearing, the sensation ceased only to begin again with the return of the current. A file was now held between the tube and Dr. Cocke, who said that he could perceive an object which he described as "an edge;" on changing the angle at which the file was held the change was instantly detected by the blind man. A hammer was next placed so as to intercept the rays and was described in general terms; on taking the hammer in his hand he said he thought it to be the same object, and when, later in the evening the hammer was again held before him, he at once identified it as "the hammer." A ring of tin, with an external diameter of about seven inches and an internal of about two inches, was held in position, but this was identified as a semi-circle. A watch he described as something round like a quarter of a dollar with a stem pointing up. A key lowered, by a string, before his forehead was first a point, then an object about three inches long, which was not far out of the way. These experiments were repeated with and without the flouroscope, but always the result was the same, and what is more, the flouroscope was of such a shape that when held before the forehead all rays were absolutely cut off from the eyes. Among those present were Dr. Packard, Dr. T. M. Strong, Dr. J. A. Rockwell, professor of physiology. Further experiments will be carried on along this same line.

NOTES FROM OUR SPECIAL CORRESPONDENT.

Dr. Robert Y. Fehtig, formerly of Baltimore, has recently located at Cumberland, Maryland.

Dr. G. G. Caswell is now practicing at Van Wert, Ohio. Dr. Caswell was formerly located at Gainsville, Ohio.

Dr. J. S. Barnard, of Baltimore, is again enjoying good health. Upon the occasion of your correspondent's last visit to Baltimore Dr. Barnard was in very poor health.

Dr. N. W. Kneass of Baltimore, died suddenly on Thanksgiving Day, November 26th, after a brief illness of pneumonia. Dr. Kneass was a pioneer homeopath in Baltimore.

Dr. David Gillard, of Port Clinton, Ohio, is keeping bachelor's hall at the present writing; his wife, Dr. Clara Gillard, is in New York taking special eye and ear work and diagnosis.

Dr. C. S. Ames, of Ada, Ohio, has at last struck oil. Of his five wells, three are flowing strong. The doctor has now plenty of oil to pour on the troubled waters of a large practice.

Dr. R. Kingsman, who has lately suffered from a carbuncle on his neck, is now feeling much better, the carbuncle having gone down before that doughty man of the knife, Dr. T. L. Macdonald.

Dr. Marvin A. Custis, of Washington, D. C., is busily engaged upon the finishing touches to his new work on Practical Obstetrics. He promises something good in that line. The new work will be ready by spring.

Dr. E. Z. Cole, of Baltimore, has opened a private sanatorium for orificial and gynecological surgery at 1516 Mount Royal Avenue, near Denis Hill Park. Dr. Cole has a full corps of trained nurses and will do well with his undertaking.

In the office of Dr. M. M. Moffatt, of Washington, D. C., hangs the following legend in a neat frame:

"God and the doctor we alike adore
Just on the brink of danger—not before—
The danger past, both alike requited,
God is forgotten, the doctor slighted."

On the opposite wall hangs another inspiration to patients. It reads: "The doctor can't live on promises." Dr. Moffatt insists that he has found the indicated remedy in these suggestions to patients and recommends that the profession at large adopt their prescription.

Dr. W. W. A. Sharretts, of Frederick, Maryland, was married December 10th to Miss Anna Gertrude Hoffmeier of Middletown, Maryland, at Christ's Reformed Church in Frederick. Dr. Sharretts under the standard of homeopathy enjoys a very extensive practice at Frederick. Dr. and Mrs. Sharretts will spend their honeymoon in the east, returning home after the holidays.

I again call attention to a few good Pennsylvania towns which are in crying need of some of the graduates of last year's classes, or which may be remembered by the young men and women who will get their sheepskins this spring. They are Latrobe, Pennsylvania, Monongahela City, Brownsville and Clarion. None of these towns have a homeopath in their midst. A better opening could not be found than Latrobe or Monongahela City.

The late multi-millionaire philanthropist, Mr. Enoch Pratt, of Baltimore, had intended building a new homeopathic hospital for Baltimore on a grand scale, to rival the Johns-Hopkins hospital, but to be built on more modern architectural lines. On account of the lack of harmony among the homeopathic school of this city, however, the plan was given up and the gift rescinded. So instead of a mammoth homeopathic hospital, which is badly needed here, and which would have been known as the Enoch Pratt Homeopathic Hospital of Baltimore, the Sheppard-Pratt Asylum was endowed with the million and a half dollars originally meant for the homeopathic hospital. Harmony and fraternity among the profession of Baltimore would have secured this institution to the school; wrangling and ill-will lost it. May the future hold more success in issues of like nature. Dr. Shearer of this city used his influence with Mr. Pratt in the right direction, but some of the disgruntled ones lost the day. It was the old story of small jealousies.

SPECIAL WHOOPING COUGH NUMBER.

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Pedology.

PRACTICAL THERAPEUTICS OF WHOOPING COUGH.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

Drosera.—Drosera is one of the remedies praised by Hahnemann; indeed, he once said that Drosera 30x sufficed to cure nearly every case of whooping cough, a statement which clinical experience has not verified. Drosera, however, will benefit a large number of cases if the following indications be present: A barking cough in such frequent paroxysms as to prevent the catching of the breath, worse in the evening. All efforts to raise the phlegm end in retching and vomiting. The attacks are especially worse after midnight. Bayes says: "Drosera is more useful in whooping cough than any other remedy in our materia medica." Unlike Hahnemann, however, he claims that the higher dilutions are powerless, and he prescribes the first. Drosera acts better in pure, uncomplicated whooping cough, and while it will correspond to some epidemics, it will fail in others.

Mephitis.—Mephitis is useful in a cough with a well-marked laryngeal spasm—a whoop. Cough is worse at night on lying down, there is a suffocative feeling and the child cannot exhale. Farrington observes that this remedy will often apparently make the patient worse, while it really tends to shorten the course of the disease. The catarrhal symptoms in cases calling for Mephitis are slight, but the whoop is prominent. The smothering comes on with the cough, while with Corallium rubrum it comes on before the cough and is followed by great exhaustion. There is not much expectoration with Mephitis. Fisher, in his "Diseases of Children," prefers Napthalin to Mephitis in whooping cough. The writer has also seen good results from Naphthalin. One of Hahnemann's therapeutic hints in whooping cough is Ledum, which has a spasmodic racking cough and should be thought of in connection with this affection.

Corallium Rubrum.—This is a very useful remedy in severe cases of whooping cough. Before the cough there is a smothering sensation. The child gasps and gasps and becomes black in the face. It is the remedy for that short, quick, ringing cough known as the "minute gun" cough. The smothering shows itself in the form of gasping, crowing inspirations. After each attack of cough the child sinks back perfectly exhausted. It is perhaps oftener indicated in the later stages of the affection, but the neurotic element must be present, and also the constriction of the chest before the attacks. The crowing inspiration or whoop is not so pronounced as under Mephitis. Dr. Teste recommended Corallium and Cuprum as prophylactics of whooping cough, and Dunham praises Corallium in violent cases.

Coccus Cacti.—This remedy has paroxysms of cough with vomiting of clear, ropy mucus, extending in thick, long strings even to the floor. This is sometimes seen in children who cough and cough with this tenacious mucus stringing from mouth and nose, waving to and fro until it finally gives way. The paroxysms come on in the morning, and accompanying them there is often vomiting of a clear, ropy mucus. Eructations of wind following cough are an indication for Ambra grisea. Coccus is a useful remedy for the protracted bronchial catarrhs remaining after whooping cough. The excessive secretion of mucus under Coccus is marked, and causes the child to strangle.

Cuprum.—In whooping cough accompanied with convulsions, or when the paroxysms are long and uninterrupted, Cuprum will be the remedy. Spasms of the flexor muscles predominate. The cough is very violent and threatens suffocation. This remedy will come in sometimes very nicely after Drosera, and do good work. The patient coughs up a tough, gelatinous mucus, there is much rattling in the chest, and the face and lips are bluish. A great characteristic of the remedy is the relief from swallowing cold water. Hale mentions the usefulness of Cuprum in cases accompanied with spasms, clenched hands, etc.

Belladonna.—In sudden violent paroxysms of whooping cough, without any expectoration, and the symptoms of cerebral congestion, Belladonna will be found useful. Epistaxis may accompany, and the patient is worse at night. Boenninghausen says that it is suitable mostly in the beginning of the disease, or later, when there is fever. Another indication for Belladonna is present when the attacks terminate by sneezing. The cough is excited by a tickling in the throat as if from down. Retching and vomiting and pain in the stomach are prominent symptoms, but when Belladonna is the remedy the congestive symptoms will be present and active.

Ipecac.—Convulsive cough, where the child stiffens out and becomes blue or pale and loses its breath, great nausea and relief from vomiting are prominent indications for Ipecac. A "gagging cough" is a good indication for the remedy. The discharge of mucus is copious and tenacious, and the patient is very weak after the attacks. Violent shattering coughs following each other in quick succession, not permitting recovery of breath, indicate Ipecac.

Tartar Emetic.—With this remedy the cough is worse when the child is excited or angry, or when eating; it culminates in vomiting of mucus and food. There is much rattling of mucus in the chest, but the expectoration is slight. The child demanding Tartar emetic will be irritable and cross, and will cry when approached; the tongue will be white and weakness will also be present. If diarrhea be present with great debility and depression of vital forces, or if the child vomits its supper shortly after midnight, Tartar emetic will be the remedy. It also has marked aggravation from warm drinks.

Cina.—This is not always a worm remedy. It is a most excellent remedy in whooping cough. It has the same rigidity as Ipecac; the child stiffens out and there is a clucking sound in the esophagus when the little one comes out of the paroxysm. Grinding of the teeth during sleep will further indicate Cina. It is, of course, specially indicated by symptoms of worms and in children who are predisposed thereto.

Magnesia Phosphorica.—This is the prominent Schuesslerian remedy for whooping cough, which begins as does a common cold. The attacks are convulsive and nervous, ending in a whoop. Clinically I have found this remedy, used in the 30th potency, to act marvelously in certain epidemics. While associated with Dr. William Boericke, of San Francisco, it was not an uncommon thing for patients to come to us for "some of our whooping cough remedy," which was nothing else than Magnesia phosphorica 30th. It seemed especially adapted to the then prevailing epidemic. The indications may be stated as cough in severe paroxysms, with blue face or swollen and livid face, and a severe whoop.

Kali sulphuricum will also at times be found useful.

PERTUSSIS AND ITS TREATMENT.

BY HARVEY DALE, M. D., OSHKOSH, WIS.

Etiology and Morbid Anatomy.—Concerning the etiology of whooping cough but few words need be wasted. Its specific cause is believed to be a particular microbe, but the special characteristics of this microbe are of little or no value from a therapeutic standpoint. It is enough to know that this probable microscopic cause exists, that either directly or through its ptomaines it exercises a marked effect upon the nerves connected with the respiratory tract, and that when it comes to the matter of treatment, these facts are of no consequence whatever.

The morbid anatomy of this disease may also be disposed of very quickly. Practically it has none. The post-mortem conditions in a case that has been free from complications are simply those to be found in any mild form of bronchial catarrh. The one fact that stands out prominently here is the lack of all proportion between the extent of the lesion and the severity of the symptoms. This indicates strongly the neurotic character of the disease, which is, indeed, the chief point to be remembered, both in its study and the intelligent direction of its treatment.

Clinical Course.—The clinical course of whooping cough is familiar to all. Indeed, it is so well known to the public at large that the average citizen considers himself fully qualified to make his own diagnosis, and every meddlesome old woman feels thoroughly competent to do all necessary prescribing. On account of this very fact, it is not often that the physician has a chance to study a case from onset to finish. The earlier catarrhal symptoms are usually looked upon as only a "cold," for which every fond mother has her own sure cure. Later, when the peculiar cough is fully developed, possibly the family doctor may be called upon for a prescription or two. That is generally all, for the popular belief is strong that whooping cough must run about so long, that doctors cannot shorten its duration, and that some particular neighborhood brand of onion syrup or other malodorous mixture will do all that can be done.

The physician who does corral a case in its incipiency will not, in all probability, know what he has on his hands. The early catarrhal symptoms are in no way pathognomonic. Taken in connection with known exposure, however, they should always be regarded with suspicion. Before long the cough begins to develop a marked paroxysmal character, and is noticeably worse at night. Eventually there comes the peculiar "whoop" which renders diagnosis certain. But occasionally, especially in mild cases, this whoop may be late in appearing, and not well marked. When the disease is at its height it carries in its train certain other distressing symptoms, such as vomiting, anorexia, insomnia and the resultant anemia which naturally follows in their wake. Occasionally serious hemorrhages occur as a result of the violent coughing. Not uncommon complications are bronchitis and broncho-pneumonia, and rarely meningitis supervenes.

Treatment.—Treatment may be advantageously pursued along both hygienic and medicinal lines. Other things being equal, the child whose sanitary surroundings are the best will naturally offer the most resistance to the disease and recover soonest from its ravages. Plenty of pure air is important. Nourishing diet is necessary to combat the progressive debility characterizing this malady. The food problem, on account of the frequent vomiting, often becomes a serious one. It is obviously useless to swallow a hearty meal only to promptly throw it up again. Concentrated liquid food that may be rapidly digested and assimilated is useful. In extreme cases, nutritive enemata may be temporarily required.

Certain adjuvants in the way of inhalants are often very valuable. There are upon the market atomizers, inhalers and vaporizers of all sorts and sizes. Probably each of them has its sphere of usefulness, but many of them are not practicable, especially in treating a small child. Here an inhaler is practically out of the question and an atomizer but little better. The steam vaporizer, however, fills the proverbial "long-felt want" in many of these cases. What is known as the Columbia vaporizer, manufactured in Chicago, has done me excellent service. An agreeable and valuable remedy to use in this way is Ferebene. Five drops of it upon the sponge of the vaporizer will be sufficient, or the first decimal dilution with alcohol may be used, in larger amounts. Beechwood creosote is also useful, but is sometimes nauseating to the patient, in which case it is hardly to be considered. There are doubtless numerous other remedies that will suggest themselves to the thoughtful practitioner. I mention these only on account of favorable personal experience therewith. The vaporizer may be used three or four times a day, or even oftener, for from ten minutes to an hour at a time, according to the circumstances. With the exer-

cise of a little care and ingenuity on the part of parents and physician, there is seldom any difficulty in getting even the smallest patient to inhale the vapor.

Internal Remedies.—Of internal remedies recommended for this disease there is no lack. This fact, in itself, as pointed out by Goodno, tends to destroy our confidence in the efficacy of any of them. There are, however, certain drugs that exercise an undoubted control over this disease, and that will not fail us, if carefully selected, in the hour of need. The physician who sees his case during the catarrhal stage will naturally resort to Aconite, Belladonna, Bryonia, Ipecac, Gelsemium, Hyoscyamus and other drugs adapted to ordinary catarrhal conditions. To a certain extent they may relieve, but the failure to secure permanent benefit will convince the prescriber that something more than an ordinary cold confronts him. This failure will thus help in the matter of diagnosis in a negative way—something after the manner of the pin that saved the small boy's life by not being swallowed.

When the malady has become well established, there are some drugs that are likely to prove extremely useful. Drosera, the old Hahnemannian remedy, will benefit many cases. Personally I have secured the best results by using the tincture or first dilution. Belladonna, in the second attenuation, is of great value. I have used it as low as the first dilution, with good effect upon the nightly aggravation peculiar to this disease.

With Hyoscyamus I have had little satisfactory experience. Corallium rubrum, which enjoys so excellent a reputation in pertussis, has been something of a disappointment; but I have scarcely used it enough to give it a fair test. Kali bichromicum, second trituration, often does good work. Its symptoms are too well known to require elaboration.

Another valuable remedy is Sanguinaria nit. It seems to be especially useful when there are hoarseness, rawness in the throat and larynx, and headache. It works well in the third or fourth trituration. Hepar sulphur and spongia are of value in croupy cases, the former when the cough is hoarse but loose, the latter when it is tight and harsh. My individual preference is for the third trituration of the first mentioned, and the second dilution of the other.

In uncomplicated cases, when the patient is ordinarily robust, the prognosis is good; but when bronchitis or broncho-pneumonia supervene there is danger ahead. A bronchitis that might not appear serious under other circumstances at once renders the outlook extremely doubtful. It accordingly behooves the physician who has a decent regard for his reputation as a prophet to leave a large loop-hole in building his prognostications. Remedies that are extremely useful in these cases with lung complications are Bryonia, Phosphorus, Tartar emetic and Sulphur. When the patient is debilitated and on the verge of exhaustion, Arsenicum album is of value. It is an excellent support to a lagging heart, and well indicated in threatening failure of that organ. When meningeal complications occur, such remedies as Opium, Helleborus, Cuprum and Zincum are recommended. This class of drugs seems to be well indicated in such cases. (I am free to admit, however, that the few pertussis patients whom it has been my fortune to follow into meningeal involvement are not now living to tell of success or failure).

WHOOPING COUGH.

BY A. P. HANCHETT, M. D., COUNCIL BLUFFS, IA.

Whooping cough is a contagious form of bronchitis, characterized by increasingly violent paroxysms of a spasmodic cough, and running an uncertain and indefinite course, generally, however, terminating in recovery in from three to five months without treatment. It is the most highly contagious of all children's diseases, as proven by the fact that we scarcely ever meet a person who has escaped it during childhood, while we frequently see those who have not had measles, scarlet fever or diphtheria. I have known it to be carried hundreds of miles, or I think I have, in the clothing, as I have seen cases develop promptly at the right time when visiting friends had come from a home where it existed, and we had had none in the city for months.

While one attack is supposed to furnish immunity from the disease, most mothers will cough about as hard and as long as their children when caring for them, and I have seen mother, father and baby all coughing together, one about as bad as the other, and all bad enough, with a cough that was typically whooping cough.

Diagnosis and Treatment.—In the beginning it is impossible to tell it from any severe bronchial cough; but in the course of a week it generally develops the characteristic whoop, or crowing inspiration of air following the paroxysm, which leaves no longer any doubt to those familiar with this sound.

The successful treatment of whooping cough is at times rendered more difficult because of the dearth of symptoms, there seeming to be nothing to guide the prescriber except the cough, and this in most cases is much the same. But to the close observer who is in earnest search for indications, and not in too big a hurry, who is willing to sit down and watch his little patient an hour if necessary, something that is peculiar to the case will certainly be discovered to point out the remedy that will transform the severe, prolonged and convulsive paroxysm into one of less violence at first, and soon into a very ordinary loose bronchial cough, with none of the severe characteristics of its original form.

These guiding symptoms will not always be found in the cough, but I think I may safely say, will be even more apt to be found somewhere else. Some constitutional peculiarity or temperament; time of aggravation or amelioration; mental or nervous peculiarity; or some pronounced desire or aversion, expressed or implied, may be the key to the case.

Several authors say, "It is claimed that vaccination, if done as the first symptoms of whooping cough appear, will cut it short." This I have verified, but it cannot be set down as a universal remedy for whooping cough, for some would feel, and with some justice, that the remedy was worse than the disease, while in other cases the child may have been recently vaccinated and the remedy would therefore be inert.

In the treatment of few if any diseases is the tendency greater to drift into routine prescribing than in this, but in none are we more richly rewarded for careful painstaking individualizing. While as a general thing I personally favor the lower potencies for the treatment of acute troubles, in whooping cough, for some years, I have used almost entirely the 200x with far greater satisfaction

than I had formerly obtained from the lower preparations; and just let me ask those who have never tried this, when they have another case, to make a careful study, first of the patient, being sure to get every symptom, and then of the materia medica, and, having selected thus carefully the true similimum, give a small powder two or three times daily for a week. You will be surprised at the result if your experience is like mine.

Cases.—Instead of naming the usual list of remedies that may be required in the treatment of whooping cough, I will report very briefly a case or two from my record book, illustrating the way I have at times determined upon a remedy that has seemed to cut short these troublesome coughs:

Case 1. Minnie R., aged 1 year. Brought to me in July, a year or two ago, in the early stage of whooping cough, paroxysms recurring about every hour, day and night. She was very cross and fretful, more restless at night, wanting to nurse nearly the night through. The paroxysms increased in violence and frequency for a week, in spite of my best efforts, when I got the following additional symptoms; bowels moved every time she coughed, and occasionally at other times, and when they moved while she was quiet, so her mother could notice, she found that she strained for some time after the movement. The discharge was green and slimy, at times slightly blood-streaked; when she coughed once, the mother said, she knew she would not be through until she had three coughing spells, as they always came that way.

Now I knew my remedy absolutely, and a few doses of Mercurius solubilis worked a prompt cure. She was well in a week.

Case 2. Hazel C., aged 2 years. She had been coughing for some time—as her grandmother, who lived next door, knew nothing ever helped whooping cough. The tired and worried mother, however, decided to see me about it, with the hope that she might be mistaken, as she had already learned grandmothers sometimes are. She told me that it did seem as though the child could not stand such violent and frequent paroxysms of coughing much longer; her face became so red, and her eyes almost left their sockets, and at times she almost altogether lost her breath. The coughing was very much worse at night, particularly after midnight; the paroxysms being attended by gagging and frequently by vomiting. There was comparatively little coughing during the day time. Drosera was the remedy, and it not only cured my little patient promptly, but the mother and the grandmother, who by this time had the sympathetic cough about as bad as the baby, tried a few of the little pills that had had such a surprising effect on the child, and to their astonishment, both were soon better also. In this instance I departed a little from the straight and narrow way and refilled a vial several times with the same remedy, for the family to hand round to neighbors who had children with whooping cough. Some received benefit and some not, but I am convinced that it is always a mistake to do this. Each case should be made a separate study, that each may have the proper and truly similar remedy.

Case 3. Gracie C., aged 5 years. While traveling in the east with her mother during the summer she contracted whooping cough, and when they reached home in the fifth or sixth week of her illness, she looked, as she was, a very sick child. She coughed very often, paroxysms were severe, prolonged and prostrating. She ate little, vomited with nearly every paroxysm, and had become so exhausted that she could not walk or even stand alone, her only wish being to lie quietly in a darkened room and be left alone, with no one about but her mamma.

Several remedies were selected without benefit, until one day while sitting and studying her, feeling that the proper remedy had not yet been found, her mother entered the room with her grandma, of whom Gracie was very fond; but instead of being pleased, as was usual, as her grandma stooped to kiss her, she struck her in the face, a thing that shocked her mamma, who was about to reprove her, when I said, "Don't do that; she has just told me her remedy." I now knew what would cure her. Antimonium crudum changed everything from gloom to sunshine, not only in the matter of my little patient's disposition, and our own feelings, but in less than a week the cough was absolutely a thing of the past.

A DOUBLE DOSE.

BY EDWARD CRANCH, M. D., ERIE, PA.

The present writer is willing to claim somewhat of an experience in whooping cough, having had it twice himself, and treated it in others for twenty-five years. In having it more than once a law that has some exceptions seemed to be operative, viz: when a person changes his or her residence from one climate to another, liability to contagion becomes increased or renewed. In my own case, the first attack was in Washington, D. C., at the age of five, and the second in Erie, Pa., at the age of twenty-five, and while in active practice. It was then noticed that in the presence of susceptible persons the disease was not communicated if the cough could be restrained on my part, but if a paroxysm occurred, there was soon a new case of whooping cough—which was treated without compunction. (Indeed, it was sometimes a matter of marvel that the doctor was able so confidently and certainly to predict an approaching attack in a patient, for very few knew or suspected that the doctor himself had it, and had given it away occasionally, through inability always to control the paroxysms.)

These, however, could be modified, or even avoided, by the simple expedient of swallowing as fast and frequently as possible, and so covertly that no one but an acute observer could detect any peculiarity. If I was much in the open air, my cough was always lighter, even in the succeeding night, when my sleep would be almost undisturbed. If, on the other hand, my work lay indoors, the cough was worse and the nightly aggravation greater.

On one well-remembered occasion I was leaning over the edge of the bed, doing the "swallowing" act, when my wife, partly awakening and thinking that asphyxia was imminent, began a lively fist-battery on my back in a tender spot between the shoulders, whereupon I, not being much wider awake than she, and imagining that she must be having a bad dream, rose and smote her also in the back, while she on her part, renewed her efforts with laudable zeal, till both, thoroughly awake at last, came to a mutal understanding and hostilities were forever suspended, without arbitration.

There is generally an epidemic of whooping cough soon after one of measles, but there seems to be no other known relation between the two diseases, while sporadic cases of either may oc-

cur at any time. Exposure to contagion, even in those who have not had it, is not always followed by the disease, but the same individual who has escaped it at one time may succumb to it at another. A pillow or bed lain on by a patient has been known, by the writer, to communicate the peculiar contagion, but at no very long interval.

The younger the subject and the more inclement the season, the more dangerous is the complaint, and, if a common cough be contracted, even some months after, it will have many points of resemblance to the regular whooping cough, which fact may account for the alleged prolonging of some cases beyond the conventional eight or twelve weeks.

In regard to treatment, the present writer, in the absence of any special indications, commences with a single dose of Drosera, from the pocket case, with a good supply of Placebo, after which, if there is no improvement in a week or two, and the disease progresses, one or other of the following remedies is exhibited, generally in one dose, but sometimes, in severe cases, in repetition till improved:

Carbo vegetabilis, if the patient is generally pale and weak.

Cuprum, if blue in the paroxysms, or if convulsions are feared.

Gelsemium, if feverish and fearful.

China, if the appetite is lost.

Ferrum phosphoricum, if there are fever and nose bleed.

Cocculus, if the nausea is marked, and the vomiting easy.

Coccus cacti, if the vomit is of clear, transparent, tough and copious mucus.

And other drugs as the occasion may demand.

An attack may sometimes be aborted, but in the cases observed the patients did not acquire the usual immunity to subsequent attacks. Apparently, the character of the cough is little affected by geographical location or by climate, except by the severity of winter weather.

From the character of the cough caused by the vapor of Creolin, teasing, strangling and causing vomiting without nausea, together with copious tears from the eyes, a homeopathic preparation of this drug ought to act favorably on whooping cough.

THE COURSE OF WHOOPING COUGH.

BY W. A. EDMONDS, M. D., ST. LOUIS, MO.

Whooping cough is a specific form of contagious disease, propagated by a peculiar toxic agency. It is mainly confined to the periods of infancy and childhood, and usually occurs in the same individual but once, though nurses and parents in close contact with the little patients not infrequently contract a mild form of the disorder, known as "nurses' cough."

The period of incubation of whooping cough is somewhat uncertain, but approximates ten days. The initial symptom is fever, with slight cough, bearing such resemblance to acute catarrh as to render diagnosis doubtful until the appearance of the characteristic whooping cough, which ordinarily sets up from five to seven days after the appearance of the preliminary fever.

The disease is much inclined, as in the case of most forms of acute contagions, to run a definite course, which under favorable surroundings will cover some six weeks of time; a shorter period under good management, longer under bad, or under the adverse influence of cold winter climates. A child who contracts the disease in the fall may reasonably be expected to suffer a symptomatic debris until the warm weather of the following spring.

The associate complications of coqueluche in the earlier stages are apt to be marasmus, atrophy, anemia, rickets and the development of any strumous or tubercular tendency or predisposition.

Under the benign auspices of a homeopathic regime and dry, warm weather, the prognosis may be set down as very favorable. Under the adverse influence of crude, heavy dosage and cold, wet weather, the mortality may be very great. In thirty years of homeopathic practice I do not now remember to have lost a case. In the treatment of whooping cough homeopathy has asserted its supremacy brilliantly, not as a cure, but as a palliative. I do not believe that any honest and intelligent practitioner would any more claim to cure by cutting short the disease than he would in the case of varioloid or rubeola. Each and all these disorders run, and must be allowed to run, a certain course under any management. We only expect to control in the management extra violence and duration of symptoms. The cutting short, suppression, of symptoms is not safe, rational or scientific.

In the onset, two remedies have given me great satisfaction—Belladonna and Drosera. The first should be given in the third trituration every two hours during the febrile stage; especially if there be any manifestation of cerebral complication. The second remedy should be given afterward, in the third trituration also, for the suffocative, paroxysmal cough, administering it every two hours, as with Belladonna. Under complex indications the alternate use of these two remedies may be called for. Where the vomiting is excessive, Ipecac, third, will be found of good effect. In the last stage the case may be safely trusted to Zincum, Corrallium, Sanguinaria or Arsenicum iodatum.

Whooping cough patients should be allowed a full, nutritious, digestible diet, and should be encouraged to go much into the open air in all good weather. Where convalescence is delayed, with unpromising symptoms, the little patient should be sent for a time to a southern sea port. When matters get into a thoroughly bad plight following upon or coincidently with coqueluche, electricity, the tepid douche and massage, with cocoanut or other clean nutrient oil, should be given a comprehensive trial.

SOME NEGATIVE ASSERTIONS.

BY J. C. DAILY, M. D., FORT SMITH, ARK.

I absolutely know nothing new and interesting on the subject. I doubt if in a practice of seventeen years I could point to a single case of whooping cough in which I could positively assert that I had by remedies alleviated or ameliorated a single symptom or shortened the disease by a single hour, except by the use of bromoform (syrup of) and the steam atomizer.

I very nearly forgot these last two. Syrup of bromoform seems in many epidemics to be almost specific, while at other times it utterly fails. I am positive that I saved my own boy's life by the steam atomizer.

Everything else I know about whooping cough isn't worth a ———. Belladonna, Chelidonium,

Corrallium, Cuprum, Drosera and so on to Zincum, ad libitum, ad nauseum, are in my experience "nit." Do you think I am pessimistic? If so, only in regard to whooping cough.

AS RECORDED IN FISHER'S DISEASES OF CHILDREN.

BY MILLIE J. CHAPMAN, M. D., PITTSBURG, PA.

Concerning whooping cough, my experience and treatment so nearly coincide with that recorded in "Fisher on Diseases of Children," that it would be superfluous to rewrite it. For the past two years have had occasion to prescribe Coccus cact. more frequently than ever before. Have also had several cases requiring Arnica. I know of nothing unusual connected with the treatment.

SOME OBSERVATIONS ON WHOOPING COUGH.

BY CHARLES D. CRANK, M. D., CINCINNATI, O.

Mooted Theories.—With more than a quarter of a century in medical service; more than eighteen years a lecturer upon pediatrics; more than sixteen years in charge of an orphan's asylum which never contained less than one hundred infants and children under thirteen years of age—with so much of professional life behind me and with your letter in hand, I am led to ask, "What more do I know of whooping cough, its etiology, pathology and its treatment than when I met with my first case?"

To say that these years have not taught me something upon the subject would be foolish indeed. Yet were I to write in a few words what I know about whooping cough I would say, in regard to its etiology, I know nothing; in regard to its pathology it possesses no characteristic lesion or condition peculiar to the name. In regard to remedial treatment, I have found nothing superior to the same old "indicated remedies" which Prof. Raue told me about many years ago, and which are found today in "Fisher's Work on Children." Its epidemic nature, exceeding in contagion, in my opinion, that of any other disease of childhood, leads me to classify it as infectious; but the exact nature of the infection, whether it be local or general, whether its primary seat be the nose, larynx, bronchi or stomach, I do not know. Whether it be simply a neurosis or a condition having its origin in some specific micro-organism I do not know.

With whooping cough, as with other maladies, the views of the profession have changed from time to time, and the basis of therapy has changed in accordance. Today they think they have trapped the "bacillus tussis convulsivae," and the prevailing treatment with the old school is based upon that "find," its application varying with the anatomical notions of the individual physician. If the germ has its lodgment in the soft nasal tissues, either burn it out with caustic or drown it out with the douche. If the larynx be the seat of trouble, blow it out with the insufflator. If the trachea be the source of infection, steam it out with the inhaler. Destroy the germ and diminish reflex sensibility is the war cry. Our journals, as well as those of the old school, are replete with means and remedies to that end. Every month some new treatment is heralded as its specific. It has its season of hurrah, soon passing into oblivion to be succeeded by another. With the exception of diphtheria, no affection of childhood has been so stoned and pelted with drugs and nostrums, and yet "whooping cough lasts until it stops."

Empirical Practices.—The laudable ambition of being "progressive" has often led me into empirical marshes. For reasons not necessary to elaborate, I was much taken with Michel's idea that whooping cough was a reflex neurosis of the nose, and began treating it by insufflation into the nasal fossae of the medicinal powders, particularly a powder obtained from the resin of Benzoin. Also a Cocaine spray—but without beneficial effect. Still feeling that the soft tissues of the nasal fossae were the special seat of trouble and possibly of a micro-organic nature, I used in turn, insufflations of Quinine and Boric acid, roasted pulverized coffee and Quinine, Iodoform, Salycilic acid, Alum and Iodine, and other fashionable "germ killers," and later the douche with the "antiseptic tablets," without happy result.

About this time there appeared a statement that in the larynx and trachea there were a few local spots where sensory filaments of the pneumogastric reached the surface of the mucous lining. These spots were located in the region of the vocal chords. It was thought that a spray would allay the irritation and greatly relieve if not shorten the attack. I resorted to the many medicated sprays. That of Eucalyptus and Cocaine appeared to be of service, particularly the latter. It was the opinion of the nurses that we had found a local remedy. Then the antiseptic treatment began to forge to the front. A bed sheet saturated with Carbolic acid solution and hung in the sleeping apartment was strongly advised. With the younger children we gladly dropped the spray, as it was difficult to employ it, and spread our Carbolic acid sail to the breeze. We all agreed as to its efficacy. Soon after I read that a wet sheet suspended in the sleeping apartment would relieve the severity of whooping cough. We omitted the Carbolic acid and found that unmedicated wet sheets gave the same good results. It at once occurred to me that possibly it was the moist spray and not the Cocaine that was relieving the other cases, which we soon found to be true.

I have no faith in the so-called antiseptic treatment of whooping cough. I have never derived any permanent benefit from germicidal washes, sprays or powders as such, or from insufflation or disinfectants used in the nose. Resorcin, two per cent., freely used in atomizer in nose, pharynx and larynx, has, in some instances, been of benefit in relieving the severe paroxysms. Eucalyptus, with a few drops of Menthol, is very soothing and refreshing. The only benefit I ever derived from Stepp's Bromoform was in relieving severe vomiting spells. The great objection to the use of the spray and insufflation in young children is that often it produces the very condition that one seeks to allay.

Where convulsions complicate the case I nightly inject starch and chloral. When nasal hemorrhages are frequent, I spray the nostrils every two or three hours with Peroxide of hydrogen.

Epidemic Developments.—Whooping cough will sometimes play strange tricks. A little girl 12 years of age, at the asylum, in the paroxysmal stage, suddenly developed a case of chorea, whereupon the whooping cough almost disappeared, the chorea seemingly completing the run, and then disappearing. In another case a girl in the whooping stage developed hives, at which the whooping cough quietly subsided, not to return.

During an epidemic at the asylum, one child coughing would start others. The nurse informed me one day that she had found a remedy. She

placed on the table a switch and gave the children to understand that only one could cough at a time. In this way she succeeded in controlling them to a good degree. Such instances seem to confirm the neurotic nature of the trouble.

I have long observed that not only do conditions vary in different epidemics, but that the severity of the attack, its peculiarities and complications depend almost entirely upon the individual, and that the successful physician in the treatment is he who fully comprehends this fact.

Water.—That which most nearly approximates a specific in the convulsive stage is Corallium rubaum. There is no better remedy for all stages than water, pure water. Give a copious supply, both day and night. If much depleted, give whisky and water. Use water freely as a spray. Suspend wet sheets in the sleeping apartments and give frequent baths with alcohol and water. Give outdoor life, plenty of fresh air at night, nourishing food, mostly in liquid form.

I believe that in whooping cough the catarrhal element is the capital symptom. It is to whooping cough what the eruption is to scarlet fever. It is the catarrhal element which makes prominent the spasmodic aggravation and that aggravation sustains a close relation to the nature and to the character of the catarrhal secretion. A copious supply of pure water not only allays the catarrhal condition by quieting congested and inflamed surfaces, but regulates and modifies the nature of the secretion. It thins it and otherwise eases the paroxysm of coughing. The atomizer and the wet sheet contribute to the same end.

SOME OBSERVATIONS ON WHOOPING COUGH.

BY J. B. KINLEY, M. D., DENVER, COLO.

Nature.—The infectious character of whooping cough is not doubted at this time. Yet no microorganism has been found in the blood nor in the throat of the person suffering with or dead from this disease, which can be artificially cultivated in a suitable media, and which after cultivation can be re-introduced into the healthy human being, and thereby set up a new case of whooping cough. Therefore no specific pathogenic bacterium of this disease has been isolated.

The bacteria and micro-organisms so abundantly found are the forms usually present in health. Cell proliferation, too, is abnormally great in the pharynx and larynx. The transportation of a specific secretion, which is scattered by violent spasms of coughing, is the method of conveying the infectious material. Decomposition takes place upon the mucous membrane of the child's throat, which results in the formation of a ptomaine. This ptomaine impregnates the air for a short distance around the patient during life, as well as after death. When a susceptible patient inhales from this stratum of air, a new case of whooping cough is set up in from four to six days. This period of incubation is well marked, although infrequently there is a longer period before the catarrhal symptoms begin. While this disease is not purely a neurosis, we must remember (in the treatment) that the nerve centers of the respiratory and sympathetic systems are impaired in the early stages of the disease. The vagus, too, is implicated before the bronchial glands are enlarged or any other local symptoms except catarrh are developed.

Symptoms and Remedies. – This disturbance is shown by rapid and weak pulse, congestion, pain, tenderness in the epigastrium, loss of appetite, dry, hot skin, weak, anxious breathing, etc. Hence we have in the beginning a perfect case for Aconite; and that Aconite does relieve at this time there is no doubt. This valuable remedy shows a decided preference in its pathogenesy for the pneumogastric and sympathetic nerves; so does whooping cough in its pathology, hence the homeopathicity of the drug to the disease. Aconite controls the inflammatory element, but is of no further use. M. Teste recommends Bryonia and Ipecac in alternation during the early part of the spasmodic stage; but my own observation does not warrant the use of any two remedies at a time.

The severity of the cough corresponds to the amount of the secretion; hence nature's spasmodic effort to throw off the ptomaine-laden mucus. Ipecac in expectorant or dynamic doses aids nature in accomplishing this. Its action is specific, and may be given omni dosi, especially in the combined inflammatory and spasmodic stage, when there are nausea and vomiting which give relief; the cough is convulsive; the child becomes blue in the face, loses its breath, and often stiffens during the attack. Mephitis should be given oftener than is customary when the laryngeal and pharyngeal mucous crypts are invaded and the periphery of the nerves becomes irritated, causing spasms and the characteristic whoop. Under these conditions the child is always worse on lying down; indeed, it suffers so that it must sit up all night, inhalation is free, but it can scarcely exhale at all. I have never observed that the attack was in any way shortened by taking the child to gas houses, although theoretically the cresol compounds in coal when set free should act destructively on the increase of bacteria in the throat, and thereby lessen the formation of ptomaines. The inhalation of common coal gas is certainly beneficial.

Because of the stratum of infectious atmosphere remaining after death, the physician should insist upon private interment.

THE EFFICACY OF OIL IN WHOOPING COUGH.

BY LINCOLN PHILLIPS, M. D., HARTWELL, O.

The very fact that hundreds of different remedies are recommended for the paroxysms of whooping cough is, to my mind, prima facie evidence that there is as yet no specific, and that treatment is very unsatisfactory. Slight cases usually require but little more than hygienic treatment, unless complications arise. It is useless to here give treatment for the different complications. Bronchial pneumonia, for instance, demands the same remedies, whether whooping cough exists or not.

Two Important Points.—In the severe cases there are two things which must be looked after, viz.: relief of paroxysms and maintenance of nutrition. It is far easier to say relieve the paroxysms, than it is to do it. But the physician must do all he can with Bromoform, Chloroform, steam, Ipecac, inhalations of Cresoline, etc. One soon finds to his sorrow that what helps one case won't another.

To keep up nutrition is the physician's main duty in these severe cases, and I believe more good is accomplished in this manner than by the administration of drugs. Where the paroxysms are severe enough to produce vomiting, the little sufferer soon becomes greatly emaciated. Rectal alimentation is not always a success. Then how

shall we nourish the patient? The answer is: by the free application of oil to the skin surface. After bathing with warm water, apply oil, cod liver or other good nutrient oil, freely to the entire surface of the child's body. Do this once or twice daily. It is remarkable what results this method of treatment will yield in many cases.

As the strength of the child increases there is a corresponding decrease in the number and severity of paroxysms. Try it, and do not rely entirely upon the internal administration of drugs. This plan is not original, but is a very old one.

THE TREATMENT OF WHOOPING COUGH.

BY H. W. WESTOVER, M. D., ST. JOSEPH, MO.

What It Is.—Whooping cough or pertussis is an acute infectious disease, generally regarded as a trivial ailment by both physicians and laymen.

As it shows a very considerable mortality, and may be followed by long lasting, and not unimportant sequelae, it merits more than the passing attention and inefficient treatment often accorded it. This lack of attention doubtless arises from two factors; first, it is a difficult disease to control, and second, it generally results in recovery, although that recovery only ensues after a tedious illness, and much discomfort to the little sufferer.

Whooping cough is almost confined to childhood, being most prevalent among children under three years of age, and it is not infrequently fatal among young infants.

It is one of the most contagious diseases we meet. The epidemics usually occur in the winter and early spring, and are very prone to accompany or follow an epidemic of measles.

The etiology and symptoms of whooping cough being well known, I will confine myself to the treatment.

The Way to Treat It.—In the first place, insist on the patient having an abundance of fresh air; keep the room well ventilated, and if possible have two sleeping rooms, so the child may occupy a different room on alternate nights. Unless the weather is unfavorable, do not confine the child to the house, but have it kept under intelligent surveillance while out doors, to guard against taking cold.

Also pay strict attention to maintaining the nutrition and strength of the patient, as sometimes the child becomes debilitated from lack of nourishment caused by the frequent emesis accompanying the cough; the character and frequency of feeding must be determined by the age of the patient, and the recurrence of vomiting.

As regards the medicinal treatment of whooping cough it is not wise to become unduly attached to any one or two remedies, and think that by prescribing them we have done our whole duty. Remedies that give great satisfaction and bring considerable local reputation during one epidemic may have no remedial effect in the next.

At the beginning of an epidemic it should be carefully studied, when a remedy will doubtless be found that is applicable to most of the patients, and with the characteristics of two or three others well in mind, valuable aid may be given the remaining cases.

Drosera will often prove a helpful remedy; some extol it, and some record disappointment with it, doubtless because it is given in a routine manner without careful individualization of the cases. It has a violent cough, severe paroxysms, scarcely permitting recovery of breath, suffocation pronounced. Cough brought on by excitement, crying, laughing, etc. Hoarse cough, and mucus in trachea, crowing whoop. Aggravations at night. Prone to follow measles.

Belladonna is an excellent remedy in the beginning of an attack, when the spasmodic condition is pronounced. It is indicated by flushed face, grasping at throat, sudden onset of paroxysm; child is frightened and clings to its mother.

Ipecacuanha is also often a valuable remedy during the first few weeks; it is characterized by a great deal of rattling mucus in the bronchi, especially if gastric symptoms are concomitant. The cough is violent, shaking the entire body, profuse discharge of mucus, great relaxation, child limp and weak. Free perspiration.

Cuprum metallicum has more frequently helped me than any other remedy. It has long lasting paroxysms of coughing, exhausting the child; spasm of the larynx; cough spasmodic; not a great amount of mucus. Face pale, tendency to spasms.

Naphthalin served me well in one epidemic some years ago, but since then has had but little curative effect. The cough is inclined to be dry, with catarrhal symptoms not very pronounced. Hepar sulphur and Kali bichromicum sometimes render good service when their well known croupy symptoms are present.

Corallium rubrum has not been efficacious in my practice, although extolled by some writers.

Coccus cacti has also been a disappointment to me, although highly recommended by some authors.

Syrup ammonio-phenique after the Declat method is sometimes followed by very gratifying results, and is well worth attention.

Vigorously spraying a one per cent. solution of Formalin for twenty minutes, three times a day, in the room, or using it in the steam atomizer, is often followed by marked and rapid amelioration of the cough, and may be used in conjunction with the internal remedy.

Vapo-cresolene fumigations sometimes bring great relief to the little sufferer, although they at times seem utterly valueless, and not as good as free ventilation and fresh air.

It is stated that if sulphur be burned in the room during the day, and the room afterward sufficiently ventilated to allow the patient to occupy it at night, a rapid cure ensues.

Antipyrin in full doses is a favorite drug with old school physicians, but I have had no experience with it, being willing to adhere to our proven remedies.

It is wise not to promise a radical prompt cure, but rather the mitigation of the paroxysms, a shortening of the duration of the disease, and the prevention of unfavorable and dangerous complications. This homeopaths are justified in offering their patrons.

VANITY AND VEXATION.

BY A. C. COWPERTHWAITE, M. D., CHICAGO.

I take pleasure in acceding to your request that I should furnish your readers with a brief resume in the treatment of whooping cough. The chief feature of my experience lies in the fact that it has been very largely an unsatisfactory one. I have often been able, apparently, to mitigate the severity of the disease, but have never been able to cut short its course to any appreciable extent.

The two most vaunted remedies—Drosera and

Corallium rubrum—have proved of little value in my hands, though used from the lowest potencies up to the 30th and 200th. There are only three remedies which I have used from which I have been able to obtain any positive results. The first and most important of these is Belladonna. In the first stage it is often of considerable value if its indications are present, as is quite often the case. Dry cough, the violent paroxysms being accompanied by symptoms of cerebral congestion, with the well known characteristics of this drug-flushed face, dilated pupils, throbbing carotids, etc.

Later on in the disease I have derived most benefit from either Ipecac or Tartar emetic. It is often quite difficult to differentiate between these drugs. Both give an excess of mucus, rattling breathing, cyanosis, and vomiting. In Ipecac there is tendency to spasm, while with Tartar emetic there is profuse relaxation with drowsiness following, the general symptoms being more asthenic in character.

Of all the various adjuvants recommended, most of which I have tried, I can say very little favorable. The inhalation of various gases, chloroform, ether, etc., have proved of very doubtful service in my hands. Nor have I derived benefit from either hot or cold applications. Douches, sprays, dry or moist inhalants are, to say the least, of very questionable value. Finally, my brethren, "all is vanity and vexation of spirit."

PRACTICAL DEDUCTIONS.

BY N. G. BURNHAM, M. D., DENVER.

As we turn the searchlight of investigation upon the subject of pertussis, or "whooping cough," for the purpose of collating a few practical thoughts, I am reminded of some facts that it may be well to keep in mind:

1st: That it is a specific disease.

2d: It usually manifests itself in an epidemic form, but may occur sporadically.

3d: It is directly contagious, but dwelling rooms and tenements may become infected.

4th: It more usually prevails during the winter and spring months.

5th: All ages may be affected, from the infant under six weeks to the aged.

6th: Delicate children subject to bronchial catarrh are more susceptible.

7th: The catarrhal stage may last for a week or ten days before the paroxysmal stage becomes marked.

8th: The more usual complications are bronchial pneumonia, emphysema and valvular disease of the heart.

The swelling about the eyes, which is so usual an attendant, has been attributed to heart strain. It is a notable fact that the susceptibility to, and greatest fatality from, is among females. In England pertussis is ranked third among the fatal diseases of children.

The disease should be carefully treated and the sufferer, whether young or old, provided for with the utmost care to avoid unfavorable sequelae.

There are two conditions to which our attention is more especially invoked regarding the pathology and treatment:

1st: That it is a microsis, and that the most effectual way of treating it, to cut it short, is to thoroughly apply with a brush a ten per cent. solution of Resorcin to the periglotteal region every two hours—as the larynx is primarily affected by the micro-organisms—twelve to fifteen applications being sufficient.

2d: That it is a neurotic trouble and best relieved by a variety of antispasmodic agents which act upon the disturbed nerve centers.

The consensus of opinion among the physicians of Denver, including both schools, is that this altitude does not complicate or aggravate the malady.

A tabulated report from the Denver bureau of health, compiled from 1888 to 1896, inclusive, with a population in 1888 of 85,000, steadily increasing to 150,000 in 1896, shows an approximate death rate of one per month during a period of nine consecutive years.

It has been my experience that a strict adherence to the well-selected homeopathic drug, so fully exemplified in the standard homeopathic works on diseases of children, will cut the disease short and forestall unfavorable complications.

ETIOLOGICAL THEORIES.

BY EMMET L. SMITH, M. D., CHICAGO.

Whether one believes that whooping cough is of bacteriological origin or not, the study of the results up to the present time will throw some light upon the subject. The amount of bacteriological attention bestowed upon the disease has been quite limited, owing, no doubt, to its small death rate, and to the fact that other fields have offered greater inducements for bacteriological investigation.

Whooping cough has passed through several stages of classification. It was first named an affection of the stomach, then a catarrh, then again a neurosis, while now most writers place it in the class of acute infections.

Afanassieff (1887) isolated a short thick bacillus from the sputum of whooping-cough patients. This bacillus is grown upon beef-peptone and agar. When introduced into the trachea of dogs, or rabbits, it produces symptoms simulating whooping cough. This same bacillus (bacillus tussis convulsivae) is found in the bronchi of children having whooping cough.

Ssemtchenko concluded, after considerable experimenting, that the bacillus tussis convulsivae is specific; that it may be found in the sputum as early as the fourth day; that it disappears with the resolution of the disease, or when the paroxysms are reduced to two to four a day.

Griffiths in his researches claims to have established a toxine or ptomaine produced by this bacillus; the action of the toxine is upon that part of the nervous system which presides over cough: The center of the superior laryngeal and vagus nerves.

These are, in the main, the leading theories up to the present time concerning whooping cough. The bacterial origin of the disease has not met with universal acceptance, even among the bacteriologists themselves—therefore these results may be taken tentatively. However, the epidemic and infectious character of whooping cough, together with the fact of its having an incubation period, affording protection against a second attack, and the effect of anti-microbic remedies, are circumstances which seem to justify the conclusion from analogy that it is microbic in origin.

Medical Century Co.: Enclosed find a money order to pay for the best journal published. May she live long and continue to enrich others by her profitable instruction and handsome attire!

Fayetteville, N. Y. Coburn Badgley, M. D.

PERTUSSIS.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEB.

In the early days of my practice I encountered my first epidemic of whooping cough, such an epidemic as can only be found in a manufacturing center where, in the more crowded quarters, kittens and children vie with each other as to numbers. I studied my Lilienthal with its eighty-odd remedies for pertussis; I chased symptoms, until I felt as bedraggled in the mire as he who seeks to net the fire-fly lamp or hunts the gold of the rainbow. The epidemic passed on into history. Good luck, the natural course of human events, or something, had protected me from any error evident in serious results, and I was left with a few conclusions that have since led me to adopt an almost routine treatment of the disease. This treatment was selected because of the natural relation of the action of the remedies as evidenced by their homeopathic symptomatology to what has seemed to me to be the course of the disease.

The Contagium Vivum.—Even at that time it was a recognized belief that the disease was due to a contagium vivum of some nature. We still rest in this belief, though in the more specific belief that the contagium vivum is nothing less than a germ.

The first result of infection by this germ—probably a germ, though it is still a question if it has been satisfactorily isolated—is to induce the first stage of the disease, namely, a stage of irritation and catarrh. This first stage may be divided into two parts; the first, one of irritation; the second, one of well-developed catarrhal secretion, accompanied by a more irritable condition of the mucosa.

The second stage may also be divided into two parts; the first, with a marked catarrhal secretion and an irritation which has become so exaggerated as to induce the spasmodic stage; the second part, where the spasmodic paroxysmal condition is more pronounced and the catarrhal secretion, increased in quantity, has now become exceedingly tenacious, or even stringy and ropy in character. The last part of the second stage gradually merges into the third stage, one of decline, in which you pass over the early stages—backward.

The time may come when we will be able to abort the infectious diseases, but no good evidence exists today that need lead us to presume even to attempt it. We may guide these diseases through a mild course to a successful termination, but nothing more.

Treatment of Various Stages.—With this in view, after a careful study of conditions, I selected Belladonna 1x as a remedy for the first stage, because it presents more closely than any other remedy the conditions of a beginning localized inflammation or condition; or, barring an inflammation, the beginning of a localized irritation of the mucosa, sufficient to cause marked reflex symptoms, and yet perhaps not sufficient to be dignified with the name of inflammation.

The second part of the first stage finds Ipecac 2x or 3x as the indicated remedy, and both the catarrhal and beginning spasmodic conditions will be much alleviated by its use. I do not, however, hesitate to say that in some cases the steps of the first stage merge into each other so closely that the remedies Belladonna and Ipecac may be alternated with benefit.

In the second stage, as the secretion grows more tenacious and ropy, Coccus cacti 2x takes the place of Ipecac. It slightly modifies the spasmodic element and very markedly limits the adhesiveness and stringiness of the catarrhal exudate. Later in the second stage, when the paroxysmal features seem to be at their height, Ammonium bromide 1x either takes the place of Coccus cacti or is alternated with it, and this usually results in a rapid termination of the disease.

In fifteen years I have only used two other remedies, Magnesia phosphorica and Cuprum, each remedy having been used in a single case.

What has been my success? The disease has been, I think, in every case held within a limit of three weeks. I have had no bad results, and but one serious complication, that the result of a bad cold. This may be called empirical, prescribing for a disease, not an individual. This I cannot admit, for though we should value every symptom of our vast materia medica, and be as thoroughly learned in it as possible, yet we should not lose sight of the fact that diseases due to a common cause present much the same symptoms, hence affect the same organs, for "symptoms are but the surface play of disease." To be sure disease is modified by idiosyncrasies and climatic conditions, yet we must not let slight deviations sidetrack us, but remember the symptomatology of most diseases will be covered by a few remedies, and that it is wise for us to know those remedies well. Let the great number be our well-conned reserve, standing ready at call to serve us in case of need.

My experience with pertussis has been in New England and Nebraska, two widely different climates, and yet I cannot note any marked difference in the character of the disease in the two localities.

WHOOPING COUGH IN WASHINGTON.

BY R. KINGSMAN, M. D., WASHINGTON, D. C.

Whooping cough has been prevalent in Washington during the fall and winter months, and in some cases has proven fatal. The writer has had one death, the patient being a baby three months old; the case was complicated by acute nephritis. Some patients do not respond very readily to remedies, and have a hard tussle with the disease, with the chances in favor of more or less cough until spring or mild weather comes to the assistance of the sufferer; while others seem to yield readily to the indicated remedy and surrender the cough in from six to eight weeks.

A Big Four.—The beginning of the cough I treat as an ordinary acute bronchitis until I get some of the early pronounced symptoms of the disease, as congestion to the head, with red face and eyes, and crying with the cough, when I prescribe Belladonna 3x for about one week, or until the cough is attended by frequent gagging and vomiting of ingesta, worse after midnight, feeling of constriction in chest and wants to hold onto something for support, when I will in nearly every such case find Drosera 3x come to the relief of the patient. In my experience, this remedy will carry the little patient along nicely for another week, when there will appear spasm of the glottis before the paroxysm, some bleeding from mouth, nose or eyes during coughing, and rattling of mucus in the bronchial tubes, when I find it necessary to change from Drosera to Ipecacuanha 30x for a week or ten days. At this period we will have reached the convulsive stage of the disease, when there are spells of long continued coughing, worse from eating solid food, and during the paroxysm the child loses its breath and the convulsive cough

ends by the throwing-up of tough mucus, after which there is a constant rattling of the chest, with bluish face and lips; then I often secure relief by prescribing Cuprum metallicum 6x, and generally continue this remedy until the patient is well. These four remedies are the only medicines the writer has ever used with success in whooping cough, and they have always served their purpose well. Sometimes I have found it necessary to finish my cases with Hepar sulphur, Pulsatilla or Sulphur. Of course, where complications are met with, our course of treatment must be changed to meet existing symptoms of an alarming character.

I have never had good results from Bryonia, Capsicum, Coccus cacti, Corallium rub., Arnica or Ambra gris., which have been highly recommended by others.

I consider fresh air an important factor in a cure for whooping cough. When the weather permits the patient should be sent out into the fresh air every day. The diet must be plain and nourishing. It is best to give the patient a full meal at breakfast and noon, but at night the child will do better on bread, milk, beef tea or mutton broth. The bowels should be moved daily by enema of hot water.

TREATMENT OF LITTLE AVAIL.

BY HIRAM L. CHASE, M. D., CAMBRIDGE, MASS.

I have received your letter of 22d inst., requesting me to write something in regard to whooping cough.

I would gladly do so, had I anything which would be of benefit to any of the members of the profession. Honestly, I think that the course of the disease is not materially changed by treatment. There has been no epidemic here for several years; have never lost a case, either directly or from any sequelae. About six weeks is the ordinary duration.

I enjoy reading the Century, and am sorry I can do nothing to increase its value.

WHOOPING COUGH IN NORTH DAKOTA.

BY S. W. RUTLEDGE, M. D., GRAND FORKS, N. D.

Having lived here, and been in active practice, for nearly sixteen years, it has been my lot to pass through several epidemics of whooping cough.

I cannot say that there has been anything unusual about its development, course and treatment, except the peculiarities that distinguish all diseases in this atmosphere, mental and cerebral phenomena being markedly present in all cases, and there being a remarkable freedom from pulmonary complications. In looking over past records I find the serious or fatal cases have been nearly all affected with cerebral complications. I can now recall but very few cases with pulmonary complications. I have nothing striking or original to report in the way of treatment. As might be expected such remedies as Veratrum viride, Belladonna, Hyoscyamus and Ignatia are needed in a large majority of cases, as, of course are Drosera, Cuprum, Kali bichromicum, Ipecac, Tartar emetic, Grindelia robusta, etc. One peculiarity I might mention as belonging to this region, and that is this: Such remedies as Aconite, Pulsatilla and others, so often indicated elsewhere, and even here, are not beneficial. Instead of Aconite we need Veratrum vir. or Gelsemium, and many other remedies in comparison.

WHOOPING-COUGHLETS.

SNAP-SHOTS FROM FISHER'S DISEASES OF CHILDREN.

Endemicity.—It may be looked for in a community at intervals of about three years. In very large centers of population it is generally endemic. It occurs more generally in the cold months of winter or early spring, and its epidemics last usually about two or three months.

Etiology.—Whooping cough is undoubtedly due to a specific contagion, and so active and vital is the causative factor that nearly all children exposed to the disease contract it. The nature of the poison is not yet settled. It is well understood that pertussis is a disturbance of the sympathetic nervous system; it is a neurosis and the paroxysmal nature of the cough, with the final crowing inspiration, is beyond doubt the result of epiglottic and pharyngeal contraction through direct nervous irritation.

Paroxysm.—It comes with a feeling of apprehension or anxiety on the part of the child and the presence of pain or tightness in the region of the sternum, or with constriction of the larynx and an irresistible inclination to cough, which the child struggles against as best it can. This feature of the case amounts almost to an aura, or premonition. The cough consists of a series of short, sharp, explosive efforts at expiration, following each other rapidly, without any inspiration between them. The surface becomes cyanotic, the eyes injected and bulging, the tongue is protruded, saliva flows from the mouth and perspiration starts from every pore, until finally the breath is drawn in through the constricted glottis with one long, forcible effort, producing the typical whoop.

Catarrhal Stage.—This usually lasts about ten days, and by the time the symptoms would have subsided were the disorder only a severe cold, the real paroxysmal stage will be ushered in.

Diagnosis.—If a child who has been perfectly well starts in with a series of rapid, sudden expulsive coughs, it may be readily inferred that the disease is commencing. In occasional cases the cough does commence thus early and the diagnosis is assured from the start. Otherwise the symptoms are those of a severe cold, sneezing, headache, coryza, itching of the nose and cough, and until the paroxysmal stage is ushered in there is little to differentiate whooping cough from simple influenza or bronchial catarrh.

Prognosis.—Whooping cough is more generally fatal than is supposed. In Chicago about one-third as many children die of whooping cough as of diphtheria, these figures not including the deaths from its sequelae and complications.

Quarantine.—For the protection of children not infected, the whooping cough patient should be isolated for a period of weeks, covering the time from the first development of the cough until its subsidence.

Remedies.

Corallium Rubrum.—A guiding symptom is smothering before the cough. Corallium has severity of suffocation very pronounced, but it is before the cough rather than during it.

Ipecacuanha.—This remedy will naturally be thought of if there be excessive vomiting or other gastric disturbance. It has more of a gagging cough, the vomiting resulting from the copious and glairy mucus discharged.

Mephitis.—The cough of Mephitis is peculiarly spasmodic, croupy, dry, explosive, constricting, undeveloped catarrhal symptoms and little expectoration. Barring an occasional success in modifying the severity of the spasms, this remedy has been very unsatisfactory to me.

Drosera.—The routine prescribing of this—or any other—remedy is sure to be disappointing. I have not found Drosera to be the approach to a specific that it is claimed to be by many. Its cough is so severe that during its height the child holds the epigastrium.

Aconite and Belladonna should usually be exhibited in the earlier stages. If fever be present together with dryness of the membranes, thirst, restlessness, anxiety, peevishness, Aconite will be found useful. Belladonna should be favored when practically the same symptoms are manifested with the characteristic constriction of the throat. Belladonna is most beneficial in the second or third week.

Naphthalin.—Naphthalin paroxysms come quickly, as with Belladonna, but do not terminate as suddenly, and last longer. Naphthalin is called for in about the same conditions for which Mephitis is prescribed.

Nux Vomica.—Nux deserves more frequent application in whooping cough than is usually accorded it. It has an early morning cough, which is dry and hard, giving way later in the day to a looser cough, attended by bloody expectoration. To do good work the case should be a typical Nux case throughout.

Rumex Crispus.—Dry, incessant, hacking, fatiguing cough. Pleuritic involvement, stitches in the side and chest, hoarseness and uncertainty of voice.

Hepar Sulphur.—The Hepar sulphur cough is characteristically hoarse. The child is hoarse, talks hoarsely, coughs hoarsely. Aggravation from inspiring cold air or from eating or drinking anything cold.

Kali Bichromicum.—This remedy has a coarse cough and a saw-board croup. Long strings of mucus discharged. Child breathes rapidly and shallowly to prevent attacks of coughing.

Zincum.—There is intense restlessness with Zincum; involuntary passing of urine or feces; clutching of the hands, clings to nurse.

Cuprum Metallicum.—This remedy is especially to be thought of in convulsions attending whooping cough. Farrington recommends it as following Ipecacuanha, but I have not used it complementarily to that remedy on account of the unlikeness of symptoms. Convulsions begin at fingers and toes, oftentimes amounting to little more than a cramping of those members.

Pulsatilla.—Body and head hot with coldness of extremities. Sphere of usefulness is in the first stage; coughing spells aggravated when extremities are cold or upon exposure to draughts of cool air. All symptoms better from warmth.

Sambucus.—This is another moist remedy. Copious mucus, tenacious, sweetish or salty. Cough worse about midnight.

Sanguinaria.—This remedy corresponds to croup, along with Kali bichromicum, Spongia and Hepar. The cough is croupy; patient sits up in bed for relief; sharp pains in the chest. Sanguinaria is particularly to be studied where broncho-pneumonia is a complication.

Ambra Grisea.—Suits nervous cough; hollow barking cough; child fidgety and crotchety; more especially suited to the nervous child than to his disease, so that when nervousness excites the cough it will be found among the most useful remedies.

Coccus Cacti.—Cough racks the whole system, violent head pains, expectoration at close of paroxysm, free, yet of such tenacious mucus as to threaten strangling. This remedy is to be thought of in protracted bronchial catarrh following whooping cough.

Some Keynote Symptoms.

Lachrymation and Coryza.—Euphrasia meets these indications well; cough present in daytime but not at night, the abundant watery secretions seeming to give relief from severe coughing.

Ecchymosis and Hemorrhage.—For these symptoms I have used Arnica to advantage; hemorrhage in the cellular tissue, hemorrhage from the conjuctiva, hemorrhage from the ears; paroxysms so violent as to cause muscular rigidity. Child presses his head against the floor to steady himself during the paroxysms.

Hoarseness, Croupy Cough. — Hepar sulphur's cough is worse as night comes on, and there is a dull whistling in the chest. Sanguinaria has constipation and dry, hard cough; croupiness and dry hoarseness predominate in the characteristics of its cough. The cough of Kali bichromicum is coarser than Hepar's; worse from eating and after attempts at long inspiration; glandular enlargement and general catarrhal involvement of nose, throat and frontal sinus. Bromium is also a croupy cough remedy. Like Corallium it has pronounced suffocation. Spongia has constriction of the chest with spasms of croupy cough, better from eating and drinking. This last symptom is so uncommon that when a child is noticed in an effort to ward off a paroxysm by frequent eating or drinking Spongia should be thought of.

Special Indications and Complications.— Baryta carbonica and jodata are useful in old people and marasmatic children with large tonsils. The Iodide is especially useful in children predisposed to phthisis.

Cases threatening to end unfavorably or to be long drawn out should be put on Phosphorus. Case threatens to develop tuberculosis, child hollow-chested, emaciated and scrawny.

Incipient phthisis is covered by Iodum; it has consolidation at the apices, hollow spasmodic cough, aggravation upon exertion, hunger without satisfaction from eating. Lycopodium also stands as a guard against systemic degeneration.

Sulphur may be given as an intercurrent or constitutional remedy in protracted cases tending toward phthisis; it will sometimes remove the dyscrasia and rapidly clear up the case. Calcarea carbonica suits lymphatic children with glandular enlargement.

WHOOPING COUGH.

BY W. B. CARPENTER, A. M., M. D., COLUMBUS, O.

Doubtful Etiology.—It seems a standing reproach that the medical profession really knows so little about so common a disease, one that has been recognized in its present form some two or three hundred years, and under some other name very much longer. It is essentially a child's disease, most often found in children under two years of age; and it is not infrequently said that a child that es-

capes a siege of whooping cough has missed part of its necessary early training. Certain it is that it is no trifling disease either during the acute attack, or during the possible numerous complications and sequelae.

Statistics seem to show that the disease occurs more oftei and is more often fatal in girls than in boys. In Columbus during the last year the total number of deaths was about fourteen hundred; of which, from whooping cough, there were fifteen, seven of these occurring in the month of June. While cases of whooping cough are always found here, still we expect to see epidemics every two to four years.

It seems to be generally conceded that direct contact with the contagium of the disease is necessary to determine a new case of whooping cough.

But just what the cause is is not yet definitely known, though the profession seems to be settling down to the belief that it is specific, infectious. Harke, Bouger, Afanassjew and others claim the infectious element is found among the bacteria or micrococci, and others always find in this disease active amebae with spherical spores. In every examination of the sputum I have ever made, I find both of these classes of micro-organisms. I have also made many examinations of the secretions from nose and throat, during epidemics of whooping cough, in children who did not have the disease, and in many instances found the same bacilli and amebae.

For this reason I think that as yet we cannot be sure of the exact cause of this malady. Post mortem examinations fail to show any permanent lesions or any anatomical changes sufficient to account for the specific symptoms seen in life. Very marked reasons exist for considering this disease zymotic, also catarrhal as well as nervous, the superior laryngeal branch of the pneumogastric being especially affected. While it partakes of the character of these three forms of trouble, I consider it mostly a neurosis, no matter whether it arises from a micro-organism or not.

Course.—This disease has a distinct prodromal stage variously stated, as from two to nine days. Three other stages of whooping cough are recognized—the catarrhal, the paroxysmal, and that of remission—which usually run imperceptibly into each other. The catarrhal stage lasts a week or two, and presents symptoms very similar to ordinary influenza, except that there are greater prostration and aggravation at night.

The paroxysmal stage follows with frequently recurring sharp, short, explosive coughs and a "whoop" that proves conclusively the nature of the disease. After two or three weeks this stage merges into the last stage, that of remission, which has a variable length, the whole attack covering a period of two or three months.

Complications.—The disease is infectious in all the stages. The nature of the attack as above outlined is an uncomplicated one, but in its course many complications may arise, the most formidable of which are in the respiratory tract; bronchitis with its fearful train of possible ills, broncho-pneumonia with its so frequent fatal ending, pleurisy, emphysema. Hemorrhages are frequent complications, from lungs, from nose, into the eyelids and under the conjunctiva and into the brain.

The two sets of complications just noted are those I have met in my own experience. Others are often found, such as marasmus or exhaustion from vomiting, convulsions, hydrocephalus, paralysis, and in certain persons tuberculosis.

In this vicinity it seems that an epidemic of measles is intimately associated with every epidemic of whooping cough. In numerous instances also, mumps will follow soon after, and the question occurs whether this may not be due to the same causes that produce enlargement of the bronchial glands in whooping cough patients.

The death rate is not high in uncomplicated cases, but cannot be known as long as every case of the disease is not reported to the boards of health.

Treatment.—Prevention or prophylaxis by separation from the contagion is the best means of cure. For the attacks good general hygiene must be observed; well ventilated rooms; fresh air, free from exposure to cold and damp; woolen clothing of proper weight next the body; protection from excitement and a good selection of easily digested nourishing food given in small quantities and at frequent intervals.

I would say never use opiates, the coal-tar products of the nature of antipyrine, or any of their kind. While a very great list might be needed to cover all the medicines that have proved curative in whooping cough, those most frequently used have been found to be Aconite, Belladonna, Ipecac, Hyoscyamus and Naphthalin, the last of which I have found of especial value. I am indebted to Dr. Goodno for suggesting it. Drosera and Corallium rubrum are also excellent. In two cases Carbolic acid 6x did excellent service both for paroxysms and for the tendency to severe stomach and lung trouble.

For the hard paroxysms of coughing I have used with good effect inhalations of steam; but especially have I found good results from Passiflora, which, given in material doses frequently, has done more in my hands than any other agent to modify and even cure the convulsive cough.

It seems that a careful treatment of this disease, with careful nursing, will largely prevent any serious complications or sequelae; but when they do arise the treatment must be the same as when they arise from some other cause.

THE TREATMENT OF WHOOPING COUGH.

BY L. C. MCELWEE, M. D., ST. LOUIS, MO.

The treatment of whooping cough in this city has not been, to me, a difficult problem to solve, and I have come to the conclusion that if it were not for the fact there is a distinct "whoop" oftentimes, there would not be any more attention paid to it than any other bronchial catarrh. In those cases having the "whoop" I am satisfied to get all of the symptoms obtainable and individualize them, after which I try to adapt the remedy that covers them and the patient usually makes a nice recovery within three weeks.

The old idea that whooping cough would not get well until the grass grows in the spring following its inception has given away in face of the homeopathic remedy; and also the idea that it is a disease in which medicine does no good, as is held by old school doctors as a rule, is displaced by the experience of the physician prescribing on the totality of the symptoms and the adaptation of the similar remedy according to the law of similars.

So universal and satisfactory has been my experience in this disease, with the homeopathic remedy alone, that I usually do not give much heed to the diet or any other condition of environment. Sometimes, however, there comes along a case that will

call for further attention, and then one will have to get his studying cap on and keep it on until some adjuvant in the way of diet or hygienic measure is found that will singly or combinedly be successful in alliance with "the indicated remedy."

I say "alliance" advisedly; for it will hardly be questioned, I think, that the remedy often acts better with assistance in the right direction than it does alone, and the dietetics and hygiene are quite often more successful when aided by the similar remedy than when used without it.

Diet.—As to diet, there can be little question that it should be very concentrated and easily digested; for if the case be accompanied by much vomiting, as often happens, the child will not have its food in the stomach longer than a half-hour, when, during an attack of coughing, it will vomit all the food taken within the past hour.

I have found the practice a good one to give the little ones something to eat immediately after a fit of coughing; for then they have something in the stomach all of the time, as nearly as possible, and as a rule it will not stay there long enough to cause any degree of indigestion. Milk, if it is agreeable, is very good; pudding of the simple kinds, like rice and tapioca; fruit and vegetables are all that seem to be necessary. Of course, if the appetite is strong, animal foods, cooked in such manner as to be easiest digested, may be allowed.

Hygiene.—The hygienic treatment, of course, must be varied with the individuality of the patient. If the little one likes the fresh air and coughs less when out of doors, then it should be kept there every hour of the day possible. The system is then not racked by the terrible paroxysms of coughing so often, and much energy is conserved; besides, the aeration of the blood is more perfect and the functions of the body are thereby carried on all the better, so that the patient will actually recover more quickly.

If, on the other hand, the patient likes the warm room and expressed suffering from the cool or cold air, then it should be protected from every draught and dressed warmly, so that every particle of heat that the little body generates may be saved and the vital force allowed to resist the disease with all its might.

In addition to the mere keeping of the patient in the house or allowing it to go outside, as it will, this disposition on the part of the little patient often serves as the guiding symptom to the indicated remedy. Who, for instance, could imagine a Pulsatilla patient desiring to be in a hot room with the windows and every crevice closed, and who, on the other hand, could imagine a Phosphorus patient being able to stand for a moment the cold air that the other breathed with absolute relish and benefit, without provoking the most violent attacks of coughing? Strict heed must be given to the modalities of the remedies, when they concern temperatures as well as when they concern temperaments.

Illustrative Case.—I call to mind one case that was so much better by being out of the house that I had him taken to Forest Park in the morning as soon as the sun was up, to remain there until 10 or 11 o'clock p. m., the time of the year being midsummer. During this time he would not have a paroxysm of coughing oftener than once in two or three hours, and would sleep much of the time and gain much strength; but after coming into the house he would have violent spells of coughing every half hour as long as he stayed there. I have no doubt that if I had required that child kept within doors during his illness he would not have recovered; for he would be like a faded flower when he would leave the house of a morning, and as fresh as a daisy when returning at night. Try as I would that boy's grandmother like to have thwarted my endeavors, for she would shake her head and gravely declare that she knew that that child would catch his death out there in that Park breathing the "night air!"

When I asked her what difference there was between the air in the Park and in the house with all the windows open, she could not give me definite information, but dubiously shook her head and said that that was not the way they did when she raised her family.

That boy got well, with the assistance of good air, nourishing food at short intervals and in small quantities and Antimonium tartaricum, the guiding symptom that caused me to select it being that the family were afraid to do anything that would "cross" the baby, for it would make him mad, and then he would have a spell of coughing.

This symptom did not get to me until I had been treating him a fortnight, during which time we had been giving Pulsatilla with some improvement, but when the similimum was applied to the case it was cured really "cito tuto et jecundi."

Without going extensively into a resume of the therapeutics of coughs, this paper is at an end; and as I do not think that I could be of much service in giving a detailed account of something that every one who cares anything for the materia medica already knows, I close.

Institutes of Medicine.

THE DOCTOR'S DEPUTY.

BY ALBERT G. BEEBE, M. D., CHICAGO.

Among the many factors which have contributed to the advancement of medicine and surgery within the last quarter of this century, one of the most important, if, indeed, it is not the most important, has been the development of what may be called the executive arm of our profession. Twenty-five years ago, and much more recently than that, the physician, the surgeon, and even the obstetrician, could avail himself of no such thing as skilled assistance in the care of his patients, at least in this part of the world. It is true there were certain women (and men), for the most part elderly persons, often nearly superannuated, who were called weekly nurses, and weakly they were, indeed, so far as intelligence and skill were concerned. The term which seemed more appropriate was "granny" nurses, for such they usually were. We may speak freely of them for the race is now, happily, like the dodo and the iguanodon, only known by its fossil remains. Let those who had experience with their species try to imagine what the end of the century surgeon or medical man would do were he compelled to depend—in critical or delicate cases—upon such assistance as theirs. There can be no doubt that the advent of the modern trained nurse has done far more than any other one or three things to mitigate the horrors of surgery and the gloom of the sick chamber in this generation. Twenty years ago the word "hospital" was thought almost synonymous with "inferno." Now there are many who return from hospital beds to luxurious homes with reluctance and regret on account of the perfect rest and delightful care-taking they found at the hospital.

It seems doubtful if the medical profession has adequately recognized its obligations and its relations to this new profession, which has so recently and unassumingly sprung up by our side to bear so large a share of the most wearing and exacting of our burdens, and to supplement and complement our efforts in unnumbered delicate and tactful ways.

As to the personnel of this profession, it is undoubtedly composed, as a whole, of ladies as intelligent and well educated, as refined and as attractive as can be found anywhere; and who are in all respects (unless it may be in wealth) the peers of any whom they may be called to serve. They are ladies, and certainly none the less so because they have dedicated their lives to ministering to the suffering.

Their duties are of the most exacting and difficult to be conceived. The physician often finds his patience taxed by the querulous unreason of his patients, even for the few minutes during his calls, when patients and friends are on their best behavior. Let him try to imagine what it must mean to be exposed to this kind of an atmosphere without cessation for days and nights, sometimes for weeks, with no adequate sleep, little opportunity even to eat, and no thought of recreation; bearing often a crushing burden of anxiety and responsibility; harassed and criticised by the family and friends; looked upon with jealousy and suspicion, if not with open enmity, by the servants; defending the patient, and often the doctor, from meddlesome and officious friends, and, worst of all, often overwhelmed with a host of inconsiderate and unnecessary demands by the physician himself, who is also only too willing to unload the blame for his own ignorance and carelessness upon her shoulders.

The relation of the physician and nurse has not been very clearly or generally recognized. She is in the sick room merely as his deputy, to execute his orders. He is the commander of the forces defending the citadel of a life from the invading powers of disease; she is his adjutant-general and chief of staff. He should be allowed to select her himself; but whether he does or not, so long as she remains loyal to him and tries faithfully to discharge her duty he is in honor bound to sustain her by his authority and defend her from all or any who would, from selfishness or carelessness or enmity, seek to put upon her.

That she should always or ever succeed in discharging her delicate, difficult and often apparently conflicting duties in such a way as to satisfy or avoid the criticism of all the anxious and exacting, not to say captious, people who occupy and revolve about sick beds is inconceivable. No angel from heaven could do that; not even a doctor himself. But, according to the observation of the writer, there is nowhere to be found a more faithful, conscientious, self-sacrificing and efficient class of persons, nor any who are more worthy of our profound esteem and thoughtful consideration, than the army of trained nurses.

When we consider the fine balance of delicacy and strength, of modesty and assurance, of docility and authority, sweetness and firmness; tact, patience, vigilance, unobtrusiveness, tenderness, fortitude, self-abnegation and endurance which she is constantly called upon to exhibit, we can only be filled with wonder and admiration that she succeeds as well as she does. What one of us would dare undertake to fill her place for one hour? The least we can do is to put ourselves in her place in imagination and try to understand to some extent her situation, so that we may be able to give her the encouragement and help she has a right to expect at our hands.

aside from the sick one, especially in serious or acute people and their friends usually are of every thing aside from the sick one, especially in serious or acute cases. No one would think to inquire whether the nurse has any sleep or food from one week's end to another unless the physician attended to it; for many times the nurse herself would stand at her post until utterly exhausted rather than leave her charge while there remained anything to be done. Such neglect may easily be guarded against by the doctor, and much more gracefully and graciously than to compel the nurse to assert her own needs or rights. A few words of kindly appreciation or attention will certainly not be thrown away, but yield a handsome return in more efficient service. It will be well for all concerned if the medical profession shall more generally recognize this relation of the nurse and the physician and educate the laity to recognize it also.

Practice of Medicine.

CONCERNING ANTITOXIN.

BY F. H. ORME, M. D., ATLANTA, GEORGIA.

Reflecting upon the subject of serum-therapy in diphtheria, the claims of its advocates and the position of your journal and many of its contributors upon the same, a few thoughts have occurred to me.

One of the most singular claims of the advocates of the serum is that if cases are seen on the "first day," only 10 per cent. of mortality occurs under its use. Now, what would be the mortality in such cases under good homeopathic treatment? Are there not many physicians of many years' practice in homeopathy who have never had a death when a case was seen on the "first day"? I can answer for one.

Again, who ever saw or knew that he saw a case on the "first" day, or even on the second? In the case of a disease so insidious and so irregular in its period of incubation who can absolutely distinguish the commencement of the affection? I have frequently, as have others, upon discovering a case of diphtheria in a family, examined the throats of others in the same house, and have found patches of diphtheritic membrane where there was no other indication of illness. Now, when was the "first day," or the second day in such cases?

Looked at in the light of homeopathic knowledge and experience it is not difficult to understand the avidity with which the serum was caught up as a remedy by many of our old-school friends. Almost any treatment—certainly no treatment at all—is preferable to the measures generally pursued by the "orthodox" of the profession. The antitoxin being relied upon, and destructive treatment being omitted, of course better results have been obtained; but there is good reason to believe that even these are far from being equal to the results from fair homeopathic treatment.

This position may be exemplified by an appeal to unquestionable history—little known, to be sure, to the average allopathist, who is generally meagerly posted in any controversy with homeopathy. Previous to the introduction of homeopathy the mortality in pneumonia was over 20 per cent. Dr. Fleischmann, an eminent physician of Vienna, a convert to homeopathy, having had only one-half

the mortality of the old school during the cholera epidemic in 1836, had a hospital placed under his charge in which his mortality in pneumonia was only about 6½ per cent. It then occurred to Dr. Deitl, who was in charge of a large hospital in that city, to try "expectant" treatment, whereupon his mortality was reduced from over 20 per cent. to about 7½ per cent., with a shorter duration of the disease than under the old system of blood-letting and general depletion! (The homeopathic mortality was still much lighter than this, while recoveries took place in one-third the time.)

Here we have the true history of the genesis of the more moderate course in dealing with acute diseases, and the death of that heroic abomination—bleeding. If our old-school friends could only obtain their own consent to look in the right direction and to be logical, what might they not learn?

Bacteriologists are doing an important work and their developments have led to excellent results in the way of sanitation, but it seems probable that so far the lymph methods have been failures, and have done more harm than good, excepting in so far as they have superseded yet more injurious methods of treatment.

Let us hope for much benefit in the future in the way of securing immunity in the cases of important diseases of a pestilential character; meanwhile it may be well for physicians of the old school, who have nothing better, to resort to antitoxin and other serums when these prove to be less destructive than the means they have hitherto used, but it is a strange aberration for homeopaths to be in a hurry to adopt such tentative methods while their own system shows such results as it has been so fortunate as to effect in pneumonia, cholera, yellow fever, etc., etc.

The Century is on the proper line.

A UNIQUE CASE.

BY A. P. HUBBARD, M. D., PINE VILLAGE, IND.

Miss W., aet. 19, came under my care with the following symptoms: One week prior to menstrual cycle the umbilicus becomes excoriated, swollen; local pain on pressure, and exudes a thick, yellow and offensive discharge. These symptoms are present until menstruation is well established, then gradually subside to reappear at next period.

This condition has existed for the past five years, having been treated by other physicians without benefit. Patient otherwise in good health, with the exception of obstinate constipation. Local examination revealed no abscess or sinus, or other symptoms than those already given.

Prescribed Graphites 30x, since when menstruation has been regular, with no return of previous abnormal symptoms.

Question—What was the etiology of this condition?

DIPHTHERIA.

BY MALCOLM MACFARLAN, M. D., PHILADELPHIA.

An early knowledge of the most successful method of treating the dreaded and fatal disease diphtheria is of the greatest importance to every medical man and his patients. Since the antitoxin treatment was introduced I have used and advocated it in most cases. Where the disease is light and constitutional symptoms mild, I depend chiefly upon the use of biniodide of mercury dissolved in iodide of potassium, making the iodo-hydrargyrate of potassium (see U. S. Disp., 16th Ed., p. 1831); but where the disease is severe I use in connection with this antitoxin. The results have nearly always been immediate and remarkable. During the last two years I have used Mulford's antitoxin exclusively.

I administer the double salt of potassium and hydrargyrum dissolved in water, giving the child the hundredth of a grain every two hours; under this treatment, even in more dilute forms, combined with sufficient doses of antitoxin, the temperature falls promptly and the throat symptoms are soon thereafter greatly relieved.

Ophthalmology.

SOME OF THE COMMON EFFECTS OF EYE STRAIN.

BY F. PARK LEWIS, M. D., BUFFALO, N. Y.

The limits of a short paper on "The Common Effects of Eye Strain" preclude the possibility of either elaboration or clinical references, and it will be necessary consequently to speak dogmatically concerning the conditions arising from these reflexes. Suffice it to say that all of the conditions to which I shall refer have repeatedly come under my own observation, and have been relieved by the correction of the refractive error of the heterophoria, or of the retinal hyperesthesia that has been present.

It must be premised, however, that when we speak of the correction of ocular defects it is not understood that the methods that were employed ten, or even five, years ago will answer to the demands of the scientific work of today. In order that good results shall be obtained it is essential that the refraction should be studied with the greatest nicety, that the angle of the astigma* shall be determined with exactitude; that the focus shall be corrected to a twelfth of a dioptre; that the lenses when applied shall be free from flaws and defects; that the frame shall be so adjusted that the pupils are exactly centered, that the glass is at the right distance from the eye, and, in a word, that the focal condition shall be made as nearly perfect as mathematical exactitude will permit. The muscular balance must be restored, if it shall have been destroyed, by ocular gymnastics, or, if necessary, in cases of marked abnormality, by tenotomy. It is only when this has been done by the aid of such instrumentation as modern ophthalmology affords that relief may be expected through the eyes of those neurotic disturbances which not occasionally, but commonly, are found as the effects of eye strain.

These results may be divided in two groups: First, those in which the force of the nervous strain is manifested in the eye, or its appendages, or both; and, second, those in which the effects are shown in functional disturbances elsewhere in the economy.

Eye Manifestations of Strain.—In the eye per se there is scarcely a structure that escapes the constant teasing irritation to which an ocular strain gives rise. The lids are very frequently involved. Blepharitis manifesting itself in red margins with a scaly, scurfy formation in the cilia and a tendency for the lashes to fall out can almost invariably be traced to some refractive error.

*At a recent meeting of the New York State Homeopathic Medical Society, it was decided that the more correct term "astigma" should be used, instead of "astigmatism," as heretofore.

Styes, while they do indeed frequently indicate a depraved condition of the general system, and are perpetuated by auto-inoculation, are nevertheless frequently an evidence of a refractive irritation.

Chalazia, although the fact has not yet been recognized by any authorities with which I am familiar, have undoubtedly a relation to astigma. It has been a source of great interest to me to note the development of abnormal corneal curves coincidently with the formation of these lid hypertrophies. I have not yet been able to determine whether the astigma has caused an irritation in the lids, resulting in these accretions, or whether the pressure of the lump upon the cornea has been the cause of its change of curvature; or whether, as seems to me even more likely, a disturbance of innervation involves those finer filaments, possibly through the sympathetic by which both the lid and the corresponding corneal meridian may be together involved.

Conjunctivitis of almost all grades, manifested in a burning, smarting and itching in the lids with a sensitiveness to bright light, especially artificial light, and a greater or lesser formation of mucus blurring the eyes as it is swept over the cornea by the lids, is equally common.

Excessive lachrymation occasionally leads to the belief that the duct has been closed, but it may be the result of uncorrected focal errors.

Phlyctenulae may have a direct bacteriological origin, but they so commonly accompany focal defects as to lead to the belief that there is an etiological relationship. Keratitis, with certain characteristics, when it is not traumatic, comes under the same category.

Cataract of a peculiar form I have observed so many times in conjunction with focal irregularities as to invariably lead me to suspect the presence of astigma. The lens is not striated, but covered with small punctata, little round dots. I do not now recall an instance in which I have found this peculiar condition and have given proper correcting glasses without noting the permanent cessation in the lens degeneration, and I have seen it many times. Choroidal, retinal and optic nerve irritations are frequently observed as a result of ciliary strain. Retinal hyperesthesia is a common form of irritation.

Asthenopia is, of course, that manifestation of eye strain which immediately suggests some focal anomaly. It is manifested by pain or aching in the eye-ball, difficulty in using the eyes continuously, especially for fine or close work, such as reading, writing, sewing, etc., with blurring of the letters when reading, or inability to see clearly either at a long or short range.

Headache.—Among the remote effects, headache is the most commonly observed. The pain is usually in the temples, over the eyes, or at the base of the brain, sometimes extending for some distance down the spine., Headache in the top of the head is much more commonly of uterine origin. Megrim, sick-headache, is either dependent upon a high refractive error with good vision, or, as much more commonly occurs, to marked muscular errors with single vision. It is rather a peculiar fact and worth noting that when the force of the strain is expended upon the eyes, and manifests itself so markedly as to call the attention of the sufferer to the eyes, remote organs are not likely to be affected; but when there is a marked refractive error with good vision, or a small defect in the highly neurotic subject, or, more commonly, a marked muscular disturbance without conscious effort upon the part of the sufferer, the constant loss of nerve energy may not be manifested in the eyes at all, but there is almost sure to be some marked functional disturbance elsewhere in the system. Another peculiar fact and one worth noting is this, that when there is a focal error with good vision, the nervous effort is much greater than when the same or a greater defect is present with imperfect sight. With defective sight it seems that when the eye muscles have given up the effort to see, and vision is consequently imperfect, the nervous strain is proportionally relieved and the suffering, either direct or remote, is materially lessened.

Nervous Dyspepsia.— Nervous dyspepsia has so commonly been found to be a reflex, that those who are most carefully studying the stomach are rarely willing to make a diagnosis until the eye factor has been determined.

Neurasthenia.—This trouble is less commonly the result of eye strain than is generally supposed. But even small focal defects become annoyingly obtrusive, and must be corrected when the nerve tone is lowered from any cause. Ranney called attention several years since to the fact that that form of pulmonary weakness which might be considered as a tuberculous tendency is dependent not infrequently upon a lower nervous tone. If the loss is in the eyes, the correction of the focal defect permits a reaccumulation of nervous energy, and I have often seen the correction of hypermetrophia, and especially hyperopic astigma, followed by a marked improvement in the whole physical system.

The failure to recognize the relation between eye strain and functional nervous troubles does not make the latter any the less common as a result of the former. Neither must it be forgotten that profound nervous disturbances are rarely the result of any single cause. There are three causes of most nervous non-organic diseases. These are, from lower nerve tones arising from some reflex ocular, uterine, rectal or other abnormality; toxemic from the failure to eliminate some of the various toxines or ptomaines; or psychic, and usually a combination of the three. It makes it impossible, therefore, to assume, as is occasionally done, that the correction of defective eyes will immediately be followed by general constitutional relief, and yet, the reflexes, among the commonest of which are those arising from imperfect refraction or inco-ordinate muscular actions, are very often essential elements in chorea, epilepsy, and other neuroses—so commonly and so essentially that we can never be sure that an important element in the diagnosis has not been overlooked and an essential agent for its relief omitted if the exact condition of the eyes has not been definitely ascertained.

Medical Century Co.: Enclosed find three dollars, which please credit to me. The Century continues to lead all other like publications in points of usefulness to the busy practitioner. I have been a constant subscriber since its initiatory number and was a subscriber to the Era for some time before the Century absorbed it.

Honey Grove, Tex. M. E. Daniel, M. D.

Necrology.

IN MEMORIAM.

BY WILSON A. SMITH, M. D., CHICAGO.

William H. Burt, M. D. Born February 25, 1836. Died January 29, 1897.

The subject of this sketch was born in the province of New Brunswick, Canada. His literary education was secured in the common schools and at great expense of hard work, as he was essentially a self-made man. He taught school while he read medicine, graduating from the Cleveland Homeopathic Medical College at the age of twenty-one. He commenced his life work at Mt. Clemens, Mich., where he remained four years, when he removed to Lyons, Iowa. He did not remain long in this place, but next selected Lincoln, Ill., where he followed the practice of medicine for nine years. Here he built up a large business, including a good number of surgical cases.

Funeral services were held at his residence and were attended by a large concourse of friends and many brother physicians, who were present to pay the last tribute of respect to their co-laborer. Dr. Burt was a New Churchman, and the services were conducted by a minister of that denomination. The floral offerings were numerous and beautiful. One was a closed book, which was given by the professors of the National Medical College, as a token of the esteem in which he was held by those who knew him best. The pallbearers were Drs. Skiles, Hood, Smith, Hulett, Brenan and Fitzpatrick, while Professors Duncan, Davisson, Sweet, Thompson, Beebe, Thorne and Reed were honorary pallbearers.

Dr. Burt's life should be an inspiration to young men. Starting in the world with nothing but a determination to succeed, he diligently applied himself to the task set before him, and when the summons came it found him reaping the reward of honest labor. He was a studious investigator of new remedies, and through his efforts to prove the indigenous plants of our native land much valuable information has been garnered. Dr. Burt's experiments were upon himself and animals. Many of his provings are credited in Hale's work on the New Remedies. He proved Veratrum viride, and in doing so threw his little girl into convulsions by an overdose of the drug. Dr. Burt was the author of several works, the most prominent of which is "Characteristic Materia Medica," which was followed some years later by his "Physiological Materia Medica," which has enjoyed a remarkable sale. He has written a "Characteristic Materia Medica Memorizer," a "Treatise on the Treatment of Consumption," and several monographs upon different drugs.

At his death he was professor of materia medica in the National Medical College, and his lectures were characterized by the same careful attention to detail and thoroughness that was a trait with him in all the departments of life in which he entered.

Dr. Burt was a noble man. Within his heart he held for others only the best wishes for success, and when he was once a friend remained so through all the reports that cluster around so many of our lives. Among his people he was idolized. When the summons came it left a vacancy that will be hard to fill. That kindly face that has stood by the bedside of so many will be an abiding memory of one who did all that man can do to alleviate the ills which befall mankind.

Associations.

BOSTON HOMEOPATHIC MEDICAL SOCIETY.

REPORTED BY H. O. SPALDING BOSTON.

The Boston Homeopathic Medical Society held its annual meeting on the evening of Thursday, January 7.

Asepsis.

The first paper of the evening was the address by the returning president, Dr. W. J. Winn, of Cambridge. The subject chosen was "Asepsis." He said that if suppuration followed a wound in healthy tissue, the cause lay in the hands of the surgeon, literally and figuratively speaking. The autoseptic douches in obstetric practice had not found favor in his hands.

Sanitary Precautions in Typhoid Fever.

The section of the evening was that of Sanitary Science, and its chairman, Dr. Charles H. Thomas, of Cambridge, offered a paper on "Sanitary Precautions in Typhoid Fever." He first spoke at considerable length upon the recent epidemic of typhoid at Cambridge, in which great difficulty was found in tracing the source of the disease. Milk and water supplies were both examined, and though the milk supply of the afflicted families was found, by bacteriological investigation, to be infected, yet many households in the neighboring city of Somerville were provided from the same dairy and no cases of typhoid arose there. A possible chance for infection by means of water supply was demonstrated, but the probability of this cause was very remote.

A second series of cases was referred to, where the source was thought to be in the milk, though the premises were in a shamefully neglected condition.

In the discussion, Dr. J. Heber Smith gave a short review of some recent epidemics. He thought that after the discovery of typhoid in a family the time for tackling the plumbing had gone.

Dr. Conrad Wesselhoeft spoke particularly of prevention of typhoid, and believed one of the best means to be by carefully filtering the drinking water, then boiling and bottling while hot.

Dr. Frank Richardson suggested that the dairies and sources of milk supply should be subjected to state control and investigation, believing that dairies should be licensed. Dr. Richardson made a motion that a committee be appointed to take such steps, as they see fit, which will further such action by the State. After some discussion, this motion was passed and Dr. Frank Richardson, Dr. J. Heber Smith and Dr. Henry E. Spalding were placed upon this committee.

Before the close of the meeting, it was voted to send a New Year's greeting and good wishes to Dr. I. T. Talbot, who is passing the winter along the shores of the Mediterranean in search of health.

The election of officers for the ensuing year had been going on during the evening, and resulted in the election of the ticket prepared by the committee, Dr. George B. Rice being honored with the position of president.

* * * * *

The regular meeting of the Boston Homeopathic Medical Society was held on Thursday evening, February 4. After the routine business had been completed President G. B. Rice called upon Edward H. Wiswall, M. D., chairman of the section of "Mental and Nervous Diseases," to take charge of the meeting.

The first paper on the program was by Mr. Frank B. Sanborn, of Concord, who had for a subject "The Need of a Lunacy Commission in Massachusetts, and Certain Duties of Physicians Toward the Insane." Mr. Sanborn was for many years a member of the State Board of Lunacy and Charity, and he has made exhaustive studies of the methods of caring for the insane, both in this country and Europe, so that he was able to speak with authority upon his subject. By way of introduction Mr. Sanborn spoke of the relation of the insane person to the society, the state, his family and supporters; then followed a short review of the different methods of caring for the insane from the time of the old poor laws of England to those in vogue at the present time. A few interesting statistics on insanity in Massachusetts were given, which showed an increase of fifty per cent. during the last thirty-two years, and an increase of one hundred per cent. in the pauper insane under the care of the state.

The present system of building "palace after palace and calling them hospitals; prison after prison and calling them asylums," was sharply criticised by the speaker, who quoted statistics to show that since 1865 six millions of dollars has been expended in this way, or about one thousand dollars for each patient housed in them at present. The state provides for an increase of about two hundred a year, with an actual increase of over two hundred and fifty, resulting in a condition of extreme overcrowding, an inevitable commingling of the curable with the incurable, much to the detriment of the former. For the relief of this Mr. Sanborn advocated a similar system to that now used in Scotland. There are many patients among the chronic, mildly insane, who are now a burden upon the state, but who might be boarded out with responsible parties and thus relieve somewhat the congested state of the public institutions.

More and smaller hospitals, instead of the enormous institutions now in existence, would bring the insane patient in closer contact with his relatives, and those on whom should fall the duty of his care. These asylums or hospitals should be scattered widely throughout the state, and be provided for by local authorities. The system in New York and Wisconsin was briefly spoken of and criticised.

In the discussion which followed, Dr. N. Emmons Paine spoke of the conflict between paupers and hospital authorities in New York state. In his experience the method of boarding out had often been a failure.

E. Lindon Mellus, M. D., presented the second paper on "Reflex Action." Unfortunately the paper lost some of its force by being unavoidably interrupted, and thus given in two parts. The subject was treated with especial regard to the anatomical basis. First, the reflex and automatic actions were contrasted. The various forms of neurons and the mode of transmission of an impulse in reflex action from neuron to neuron by contact was spoken of at length and illustrated by diagrams.

The last paper was short and covered a few thoughts occasioned by the expert testimony offered in a murder trial, which has recently excited much interest in Boston and vicinity. The author of the paper, Dr. N. R. Perkins, brought up the fact that in this trial, where a man's life was at stake, the sanity of one of the witnesses was questioned, and experts, two for each side, examined the witness. The four experts gave two entirely opposite opinions, each set giving testimony favorable to the side calling upon them. Dr. Perkins said that this case was not unique, but could be duplicated many times, and he suggested as a remedy that the medical societies of the state appoint certain of their members as experts, and that the courts select from this list such men as it wished to have examine any particular case and testify thereon.

The next regular meeting will be on March 4, and will be devoted to the section of gynecology and obstetrics.

Correspondence.

OUR LONDON LETTER.

BY DR. GEO. BURFORD AND MR. DUDLEY WRIGHT, LONDON, ENGLAND.

The right hand of fellowship will be extended to all medically qualified ladies and gentlemen, citizens of the Great Republic, who visit our shores, and the London Homeopathic Hospital.

In the furtherance of this fraternity, the medical staff of the hospital have arranged for a register of medical visitors, to be kept in the hall, where all foreign and colonial physicians may inscribe their names, local habitation and home address, on their arrival in London. They will be courteously welcomed by the medical staff, who will be happy to do the honors of the hospital, and they will receive due notice of those most interesting functions, "consultation days."

And, finally, the energetic Secretary of the British Homeopathic Society will also focus them with his eye as the appointed dates for the energizing meetings of that society come round.

The most recent of these meetings—an embarras de richesse—was held on January 6, when Dr. E. T. Blake led off with an exhaustive account of Cardiac Arythmia. His paper was replete with facts and observations, and a variety of well executed sphygmographic tracings by Dr. Dudgeon. The essayist showed a series of most interesting observations on his own pulse, where the influence of

forced respiration, of certain drugs, and of conditions of life were accurately registered.

Dr. Byres Moir followed with an essay full of clinical matter on Glycosuria. On this, as on former occasions, our gifted colleague drew upon the ample stores of his private and hospital experience for an excellent and accurate expression of our present knowledge and views regarding Glycosuria. Many clinical cases were cited, among others that of a young girl in whom an illness of only a week's duration rapidly culminated in coma, with Glycosuria as the only dominant symptom.

The London Homeopathic Hospital, as the Metropolitan Homeopathic Institution for England, has at all times a varied and representative selection of cases in its beds. Recently there has been under the care of Mr. Dudley Wright an uncommon case of primary carcinoma of the pancreas, with persistent vomiting, due to secondary annular stricture of the pylorus. Abdominal section being done, the matting and infiltration of the parts prevented radical operation, so the pylorus was brought up to the light of day, and the stomach entered by gastrotomy. The pyloric orifice was dilated with the index finger (as in Loreta's operation), and the gastric incision closed. The hitherto intractable vomiting immediately and permanently ceased, and the remaining three months of the patient's existence were passed in comparative ease.

Dr. Burford lately operated on a case of meserenteric cyst—a very rare condition—where the cyst cavity contained forty-three ounces of emulsified fat diffused through a thin, bland fluid. The cyst was tapped, stitched to the parieties, and drained. In a month the capacity had already diminished to a half, and the general convalescence has been excellent.

Dr. Washington Epps' clinic shows, inter alia, a very interesting case of icthyosis, with well marked and numerous patches. The condition had existed since birth; and though the administration of Thyroid extract had brought about no improvement, rapid amelioration occurred, and is continuing under iodide of arsenic 2x.

In the physicians' beds, Dr. Byres Moir has demonstrated an unusual case of pneumonic phthisis, where the disease ran its course in the short period of five weeks. The initial manifestations were hemoptysis and symptoms of pneumonia; the typhoid state rapidly supervened, the temperature constantly registered 103 F., and there was diarrhea with tremors of the hands and tongue. No typhoid spots appeared; the urine contained albumen. At the autopsy, gray hepatization of the upper lobe of the left lung was found, and a microscopical preparation from this showed innumerable tubercle bacilli.

A study case of Raynaud's disease is in Mr. Knox Shaw's surgical clinic, the patient being a male aged thirty. The first symptoms appeared some three years ago, and were confined to the right hand, in this latter respect showing an anomaly. Under Arsenicum album, and a moist dressing of perchloride of mercury, considerable improvement has gone on, and the parts beginning to mortify are showing a healthy appearance.

In our next letter we will give a short account of our post-graduate work, up to date, and the elaborate arrangements for the forthcoming summer session.

DR. MACLACHLAN ON THE MICHIGAN SITUATION.

Every one concedes that the Century has shown a great interest in Michigan matters, and every one at all conversant with matters in this state will regret that the journal has fallen into so many errors in its recent attempt to show that Michigan homeopaths are in error. The Century has evidently been misinformed, and I would be glad to fully discuss the recent editorial, "A Mistaken Move in Michigan," had I the time; but must content myself with a brief statement of the situation, which I am sure my confreres in Michigan will endorse as correct.

Two years ago the legislature passed a law removing the college to Detroit; the Supreme Court declared it valid, and it stands on the statute books today. It appropriated $25,000 for a building; the money was assessed and collected, and lies in the State treasury now. The regents ignore the law; the profession [A part thereof!—Ed. Century.] desire it carried into effect. The question is, which shall yield? It is not a question of what the regents are willing to do for the college, nor how well the faculty are doing. The school has never been and never will be satisfactory to the homeopaths of the state at Ann Arbor. [How about it from 1886 to 1893?—Ed. Century.] The regents will not give it a full faculty; they cannot give it an efficient clinic with the limited support of the state profession, all of which are essential to its success, to say nothing of old-school opposition and other disadvantages. For twenty years the experiment has been tried, and its failure has been charged to its friends—even the Century taking up the cry. The profession are sick and tired of explaining and apologizing for the lack of success, and have resolved to try a new deal—to see whether a "fair field with no favors," a complete college and faculty, an efficient clinic, and the cordial, sanguine, and united support of the profession will make the school a success. If under equal circumstances they cannot achieve equal success with the old-school department, they are willing to admit defeat and retire from the field, but not otherwise.

Out of two hundred and fifty opinions received from members of the state profession, less than ten favor leaving the college at Ann Arbor as it is. This is nearly double the number of replies to the same question received two years ago, and shows that nearly all who are not indifferent in the matter are of one opinion. Possibly the Century by hearsay knows better than those who are on the ground and who have been engaged in fighting the battles of homeopathy here for years what the situation is and what remedy is called for; but there are grounds for believing otherwise.

Concerning the situation in Detroit the Century is misinformed. Instead of indifference, there is the liveliest interest; instead of factions, there is perfect working harmony; instead of Grace Hospital in danger of being lost or divided, the profession were never so firmly intrenched as now. Detroit homeopaths are curious to know the source of the Century's misinformation (The "Midwinter Bulletin" contains the gratuitous statement that the Ann Arbor Hospital is "the only one in the State under exclusive homeopathic control." We beg to say that the staff of Grace Hospital is also exclusively homeopathic).

The Century evidently misapprehends the legislation now being discussed by Michigan homeopaths, but its readers may rest assured that if any

is asked for, it will be such as will work no injury to either our great university or its homeopathic department.

It is surely to be regretted that the Century should think it necessary to reproduce an item from an irresponsible Ann Arbor paper accusing myself and other Detroit physicians of an intent "to cripple the university," and of "looking after themselves more than after the department." Personally, I give little thought to dodging missiles of this sort from such sources, but for the Century to repeat so baseless and unjust a screed savors too much of the tactics of the opposing lawyer, who asks a witness if he was not guilty of something disreputable; although the judge disallows the question, and the witness indignantly denies the imputation, the suggestion has been made to the jury, and the witness possibly discredited. The Century's expressed disbelief of the truth of the item referred to will scarcely remove the sense of injustice felt by its Detroit and Michigan friends.

In conclusion of what has been much longer drawn out than I intended, let me say that the spirit of calm deliberation and harmony that has characterized Michigan homeopaths since their united effort two years ago to remove their college and retrieve past misfortunes, ought not to be ruthlessly disturbed by persons within or without the state. Any course that can be agreed upon should receive the cordial and united support of all. Better a whole-hearted movement, with some obstacles to overcome, than a half-hearted one that seems smooth and easy. The profession have too long been at cross-purposes and must concentrate their efforts if they would win satisfaction for themselves and laurels for homeopathy. It is not like Michigan homeopaths to drive their opponents into their intrenchments, then face about and retreat under fire over the ground just won; and the Century will hardly be true to itself if it refuses to "join hands" with them if they still press forward to secure peace and prosperity by a complete victory.

D. A. MacLachlan, M. D.

Detroit, Feb. 5, 1897.

EDITORIAL REJOINDER.

The force of the Century's critic is weakened by the fact that he assumes that "the profession" of Michigan are a unit in favor of the removal scheme; whereas it is well known that many of the foremost men in the state, including Dr. Milner, of the state board of health; Dr. Long, superintendent of the Ionia insane asylum; Dr. Nottingham, of Bay City; Dr. Younghusband, of Detroit; Dr. Olin, of the same city; the faculty of the college, and many others who might be named, are as insistently in favor of continuing the school at Ann Arbor as Dr. MacLachlan and some others are in favor of removing it to Detroit.

The correspondent says two hundred and fifty physicians have voted against continuing the school as at present. This is denied by the opposition. It certainly is a very large vote out of a total of less than four hundred in the state. To set the matter at rest the Medical Century will gladly publish a complete list of those so voting if the same is furnished it.

The reference to the clipping from "an irresponsible paper" is sharp. When the clipping was inserted in these pages it was accompanied by the statement that we do not believe Dr. MacLachlan and removal confreres were being influenced by selfish or personal motives. Nor do we. The squib was inserted because sent us by the other side, and we desired to disapprove of the suggestion it contained. For a hard and persistent contestant in any argument in which he engages it seems to us our ordinarily good-natured correspondent is a trifle thin-skinned. No offense was intended. None should have been taken.

The communications of Drs. Milner, Gilchrist, formerly connected with the college, and Tyler are interesting in the face of the assumption by Dr. MacLachlan that a united profession is in favor of removal, or words to that effect. As a matter of fact, Michigan's profession is split wide open on this topic, hopelessly entangled in a destructive imbroglio, which has assumed an element of personalism in some directions, in spite of all assertions to the contrary, which should be frowned upon by the journals and profession outside of Michigan. The whole country is interested in this matter. The Michigan college has belonged to us all, has drawn patronage from all over the country, was our first state school, has served us an excellent purpose as a precedent for state patronage and recognition, and the incessant warfare about it is becoming a trifle tiresome and disturbing. Let it drop. The school is doing well enough. Give it a chance.—Editor Medical Century.

DR. KNIGHT DOESN'T LIKE OUR "POUNDING."

For heaven's sake, if you don't believe in the removal, quit your pounding. Your editorial in the February number is uncalled for, and besides decidedly off in its facts. It is due to the profession in Detroit to retract what you say about Grace Hospital. Never since its founding has it been so prosperous—notwithstanding the hard times—and this with less allopathic support than at any time. I have been fortunate enough to have been present at two sessions of the trustees in the last month—together with other members of the staff—at which the whole policy, management, and support of the hospital were freely discussed. The trustees declared that the stories of any change in the hospital staff were "idle tales." They had no idea of appointing any allopaths upon the staff. If their word is good for anything there you have it. In the place of the "apathy" you report there is energy and enthusiasm in ninety per cent. of the staff. The "apathy" is confined mostly to those lukewarm or opposed to removal.

The division of the profession for and against does not exist as actively as has been represented to you. We admit that members of the faculty, as now constituted, are opposed to it. Yet before he went there Dr. Copeland was one of the most anxious, expressing himself personally to me so. Dr. LeSeure has declared over and over again, before the doctors here, that he accepted the post only upon the "condition of removal to Detroit." Ninety per cent. of those who care anything about the school advocate removal. Even Drs. Olin and Long, who signed the circular you so kindly published without noticing the answer in rebuttal [It was not received in time.—Ed.], practically admitted at Lansing afterward that they "were perhaps mistaken." We feel pretty confident that we can put things in such a position that the regents will be compelled to remove the school and support it.

If you don't agree with us in all this, at least be fair and give both sides a show.

Stephen H. Knight, M. D.

Detroit, February 1.

OUR "POUNDING" ENDORSED.

Dear Dr. Fisher: I have read with pleasure your editorial in the current number of the Century and heartily endorse what you say.

Niles, Mich. W. J. Tyler, M. D.

DR. GILCHRIST LIKES OUR "POUNDING."

I want to thank you for the sound common sense and the spirit of your editorial on the Michigan situation in the current Century. I think you overlooked one important point, and so have many who have written on the subject. We do not need a college in Michigan; we have too many in the country now. But we do need the recognition from the state that these university schools enjoy. If, as the last Counselor suggests, they cut loose from the university entirely, they had better go out of the college business altogether; such an institution is not needed anywhere east of the Rockies, excepting as it is a tangible recognition from the state.

Very sincerely,
James G. Gilchrist, M. D.

Iowa City, January 31.

As Dr. Gilchrist suggests, there is absolutely no demand for a new homeopathic college at this time, in Michigan or elsewhere, except that it be a part of a state school. There are too many feeble and indifferent colleges now. Give us state schools or nothing more in the college line for years to come. —Ed. Century.

THINKS THE CENTURY'S "POUNDING" COMMENDABLE.

Your editorial in the last issue of your journal upon the question of the removal of the homeopathic department of the University of Michigan is so admirable in spirit, so comprehensive in its grasp of the real condition of affairs at Ann Arbor, and so wise in its conclusions, that I hasten to commend it. I wish that every member of the profession, especially in Michigan, could read it, and realize the wisdom of giving a hearty and harmonious support to the board of regents, who are doing all that is possible for them to do now for the college, and see the folly of expecting success by a continuance of the reign of strife on the part of the profession itself as to how and by whom the college shall be conducted.

You might have made fuller reference to the utter impossibility of the regents being able, with their present resources, to establish, organize and maintain a complete medical college equal to the present facilities to be obtained at Ann Arbor, with the limited appropriation of $25,000 to construct and equip the necessary buildings and laboratories; but you have left but little more to be said upon the subject.

Yours,
G. S. Milner, M. D.

Grand Rapids, January 30.

[Dr. Milner's communication is given last place because it is the best of all. He speaks a volume of wisdom in a few words. What he has said should be considered very carefully. The "reign of strife" of which he speaks exists. It should cease and that quickly.—Ed. Century.]

A CORRECTION FROM ROCK ISLAND.

Medical Century:

It is not my purpose to criticise the editorial on the new insane asylum in a recent Medical Century, as it is all O. K., but simply to call your attention to an error. With the asylum in this county there are five large insane asylums in the state: Jacksonville, Anna, Elgin, Kankakee and Rock Island. There is also one for insane criminals at Chester.

So you see that even if we secure the one at Rock Island, we will have less than twenty per cent. of representation out of the entire number of asylums, and surely no one will claim that our patrons pay less than thirty per cent. of the taxes of this state.

Yours fraternally,
Rock Island, Ill. C. B. Kinyon, M. D.

BY WAY OF ILLUSTRATION.

Enclosed is order for three dollars for my subscription, for eighteen hundred and ninety-seven, to the best homeopathic journal published in the United States.

Wapakoneta, O. F. H. Anthony, M. D.

BY WAY OF APPROBATION.

Enclosed find draft for Fisher's Diseases of Children and the Medical Century for 1897. I am better pleased with the edition of this year than ever and hope you will continue the improvement.

With best wishes for your success, I am
Fraternally yours,
Sterling, Kas. M. Van Patten, M. D.

BY WAY OF APPRECIATION.

The get-up of your journal is quite metropolitan and it still continues to be one of the best.

C. Gurnee Fellows, M. D.
The Clinique, Chicago.

BY WAY OF ADMIRATION.

First copy of eighteen hundred and ninety-seven received. Beautiful!

Monrovia, Calif. M. H. Chamberlain, M. D.

It's a good, live journal.
Brooklyn, N. Y. E. H. Muncie, M. D.

I like the journal very much.
Moline, Ill. Jane H. Miller, M. D.

Allow me to congratulate you upon the elegant appearance of the Medical Century for January, 1897. Jas. E. Gross, M. D.
Chicago.

BY WAY OF IMITATION—OF THE BOO-HOO-HOO.

The February number was so good that I have decided to continue my subscription. I beg your pardon for trying to stop such an excellent journal. I have now decided to stop another journal in its stead.

Towanda, Pa. H. W. Champlin, M. D.

BOOK TABLE.

The February numbers of Harper's Weekly were of especial interest to Aesculapians by right of the interesting articles on the plague in India.

In a recent Atlantic a writer suggests the possibility of a system of parks from New York to San Francisco. Bicyclists please take note and don't go crazy. The Chicago lake front connection of Washington, Jackson and Lincoln parks is not in it.

The Transactions of the Homeopathic Medical Society of the State of New York for the year 1896 is a comprehensive report of that body's work during the year just ended. The volume is made to

include a general index for ten years which adds to its value.

The February Review of Reviews has a fine portrait of King Oscar of Sweden as a frontispiece. King Oscar has been not a little exploited by the press and the people recently on account of his selection as umpire under the general arbitration treaty between the United States and Great Britain.

Chicago has some at least not bad literary effects of her own. The number of her magazines is steadily increasing, and with the belles-lettres boost that the growth of the University may be expected to give to the porkopolis, the future is large with promise for a literary center right here on the banks of the "Little Skunk."

Of all the literary ventures of today, yesterday and most like for a long time ahead, excepting always the Dial, the Chap Book leads, leads so eminently as to be virtually out-classed and beyond comparison with the rest. To be sure it has the widest sphere of all, but that very fact entails upon it greater responsibilities, exacts of it more onerous duties.

Almost as satisfactory in its way as the Chap Book is the funny paper of gibes and jokes, "Up to Date." Most endeavors at humor are awfully pathetic, don't you know, and if one escapes tears in "Wit," "Side Lights," "Humor and Fun" columns, it is a large, if negative, testimony to the ability of the fun maker. Up to Date is above tears—it very often makes you laugh. Its humor is of a wholesome and kindly order, too—not so small a thing in these measly Zolaesque and rabidly sarcastic days.

The Elite is a fair little sheet that tells you—if you happen to care to know—who's wife entertained who's sister yesterday.

And there are others.

Almost everybody who reads English reads any thing Robert Louis Stevenson wrote, so that the announcement that another posthumous work from his pen is about to appear will meet with favor in the eyes of many readers. The new romance is entitled "St. Ives," and unlike "Weir of Hermiston," it was left all but complete. The exclusive right of serial publication for America belongs to McClure's Magazine, and the story begins in the current issue of that periodical.

George M. Gould, A. M., M. D., is known to the homeopathic world very largely through the medium of a prize he once offered—not an altogether sweet-tempered knowing either, so that we are glad to be able to put him before our readers in another and better light; for whatever Dr. Gould doesn't know about homeopathy, he knows and is able to make poetry of a very good order indeed. In "An Autumn Singer" (Lippincott) there is a delectable lilt that may not reconcile us to Dr. Gould's medical creed, but which makes us forget it somewhat. Witness these lines:

A bit of sunshine warmed by spring,
A heart of song, a fluff of feather,
A wing put there, and here a wing,
A breath blown in—all kissed together
With sweet low croon of half-heard words—
This was the way love made his birds.

Messrs. William Wood & Co., New York, have an undoubted genius for the conception of practical series of books and the facilities for aptly carrying out their conceptions. "Obstetric Diagnosis and Treatment," by O. Schaeffer, M. D., belonging to the Medical Hand Atlas Series, is one of the best of such books to come to the Medical Century's table. The illustrations and plates alone make it a very valuable adjunct to any physician's library. Many of them are rare specimens of the lithographer's art as well as essentially illustrative. The text treats of the normal states and stages of pregnancy, and of the abnormalities which present, in a lucid manner, rendered doubly effective by the plates to which the first part of the work is entirely lent.

The tenth volume of the Twentieth Century Practice (William Wood & Co.) has been issued in advance of Volume IX, whose issuance will be deferred until April. Volume X deals with Diseases of the Nervous System and compares with its predecessors favorably in points of scientific and literary interest. It is well built also as a book and aptly sustains the reputation of Messrs. Wood & Co. in this particular. Morphology and Anatomy of the Brain, Diseases of the Brain, Tumors of the Brain, Diseases of the Meninges, etc., go to make up some very ably written sections. Fere of Paris contributes the chapters on Hysteria, Epilepsy and allied disorders. The "Disorders of Sleep" is the title of a section by Sanger Brown, M. D., of Chicago.

Mystic Masonry is the title of Dr. J. D. Buck's new book, just issued by Messrs. Robert Clark & Co., Cincinnati. That which is unknown, that which we call infinite, and so limit ourselves in the very naming from knowing, the occult—religions, philosophies, reasons why—has had many and wearisome interpretations through creed and cult down to, or up to today, when the great unwashed seem to stand just where they stood in the days of the Rig-veda and Zend, in the days of the Rosicrucians and the first Knights Templar. That Dr. Buck's book should throw some light and after an interesting fashion upon so dense a subject is greatly to his credit. The base of Mystic Masonry is a wide one, and the scheme of its building nothing if not ambitious. Free Masonry is in Dr. Buck's interpretation the offspring of the Greater Mysteries of Antiquity—which in turn reach back to the Great Secret—the capitals and the vague phraseology probably standing for the beginning of the beginning of things as they used to was. The ordinary reader, we candidly believe, will not know what Dr. Buck is talking about in this book; but to the student of theosophy, or the delver after weird lore or the enthusiastic mason, the book will be entertaining.

Messrs. J. B. Lippincott & Co. have recently issued a readable little book entitled "Two Health Seekers in California," from the pens of Dr. William A. Edwards and Miss Beatrice Harraden. Miss Harraden contributes the first and fourth chapters of the book, and Dr. Edwards takes the responsibility for the rest. While Miss Harraden's chapters are, perhaps, the more interesting—because they happen to be Miss Harraden's—Dr. Edwards has collated some good and reliable data concerning the climate of Southern California that will be read with profit by the climatologist. Reliable information as to climates, be it remembered, is often far to seek. To get at the truth as to rainfall and wind and other weather, the physician who wants to prescribe a change of climate for his patient has to dodge so much railroad literature that he grows chary of information, and has come to feel that before he accepts much of that which is written of a place he wants to be assured that no one of the big railroads had a hand in the make-up of the literature. So it is that when occasional books like the one in hand come out of the secular press the doctor may profit by it more than most people.

Medical Century

A Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR.
WILSON A. SMITH, M. D., ASSOCIATE EDITOR.

New York and Chicago, March 1, 1897.

Editorial.

A NEW HOMEOPATHIC INSANE HOSPITAL.

This time it is Missouri. Governor Stephens has announced his intention of placing the Nevada Insane Hospital in homeopathic hands, and at an early day will name a new board of trustees for that institution with the distinct understanding that the asylum is to be given to us. Governor Stephens is reputed to be a homeopath in his medical belief, and to intrust his family to homeopathic treatment. But he is supported in his determination to give the homeopathic profession charge of one of the asylums of Missouri by the fact that we pay above one-third of the taxes in the cities and one-fourth throughout the State. He is also supported by a good number of liberal-minded allopaths, who agree with him that as citizens and tax-payers we are as much entitled to a share of the public medical institutions as themselves. This is a most commendable spirit, one worthy of emulation in Illinois and other commonwealths.

The Nevada Asylum was built several years ago. At the time of its occupancy an unsuccessful effort was made to secure it for our profession. It has been in allopathic charge since its opening, and thus the precedent is established of changing a state asylum from one school of practice to another. We shall hope for good reports from this latest homeopathic hospital as time goes on.

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It may not be amiss in this connection to refer to the situation in Illinois. Just before his retirement, Governor Altgeld appointed Dr. J. A. Vincent, of Springfield, the homeopathic member of the State Board of Health, to the superintendency of the Western Insane Hospital, the newest institution for the insane in this State. A large number of the profession of Illinois joined in requesting Governor Altgeld to make the appointment, it being the general judgment that Dr. Vincent was more likely to prove an acceptable selection than any one else we might name. It is understood Dr. Vincent desires a continuance of the appointment, and that prominent homeopaths over the State have been asked to express to Governor Tanner a wish that he be continued in office. This may be wise or it may be very unwise. Governor Altgeld was a democratic partisan and appointed a democratic superintendent. Governor Tanner is an intense republican and has expressed a determination to appoint only loyal republicans to office. The homeopathic profession is neither a democratic nor a republican profession. With the differences between parties it has naught to do. So it may be well for us to be careful about asking a republican governor to continue a democratic appointee, no matter how acceptable to us he may be, lest the belief be made to obtain that we are all of that party and deserve no recognition at republican hands. An effort to create this belief has already been made, though there are ten republicans to one democrat in the homeopathic profession of this state.

We want this asylum. We are deserving of it and entitled to it. Governor Altgeld showed a commendable spirit of justice in giving it to us, even at the last minute. Governor Tanner will probably show equal willingness to give us our share of the public institutions of the state, but he has indicated that he shall appoint republicans to all places for which good ones can be found. There are too many good and true homeopaths in Illinois who would fill the position with credit for us to commit ourselves too strongly to any one applicant, especially if there be danger in so doing of antagonizing the powers that be.

A QUESTION OF NATIONAL IMPORTANCE.

Considerable space is given in our correspondence columns to the consideration of the question of the proposed removal of the homeopathic department of the University of Michigan from Ann Arbor to Detroit, the subject being one in which we are all deeply interested. Our first state recognition was the Ann Arbor college. It came at a time when state recognition was very much needed to secure to homeopathy the benefits of public institutions and equal rights before the law. Its importance cannot be overestimated. The precedent established by Michigan has been of incalculable value to us. The adoption of homeopathy as a part of the medical work of Michigan's well-known university was an entering wedge which has enabled us to split into smithereens many a determined opposition to equal rights and equal privileges in many a neighboring and distant State. It is this fact that causes us to take a lively and sincere interest in every question arising in connection with this pivotal university-recognition school. Just as the profession of the entire country was justified in flying to the rescue when the life of the school was threatened four years ago—so are the journals and the profession now justified in taking the liveliest interest in the consideration of the problem of removal of our college from the campus.

The thought of a separate college is not a new one. When Michigan's homeopathic pioneers, Eldridge, Sawyer, Hempel, Lodge, Woodruff and others, laid plans for the establishing of a homeopathic department at Ann Arbor the Detroit Home-

opathic College was set up in the hope of becoming the homeopathic department of the State university. But our leaders would not have it so. They held that we must have a college right under the very nose of the allopathic state school. They thought our students entitled to all the privileges and prerogatives of the university the same as the allopathic students. They considered the matter of expense to the state and students. They weighed the effect of a homeopathic college on the campus upon the student-population of the university. They determined to carry the war into Africa, to gain an entrance upon the enemy's territory, and to hold it when gained. They steadfastly declined to have anything to do with the homeopathic college in Detroit, fighting it viciously and decrying its establishment. So determined were the profession of Michigan to have a homeopathic department at Ann Arbor, right on the home campus of their great university, that they succeeded in forcing the authorities to establish a college there while the Detroit Homeopathic College was still in existence. And the faculty of that school gracefully acknowledged the right of the profession to have its way and discontinued their college when the Ann Arbor school was begun, that the entire homeopathic patronage of Michigan might be thrown to the support of the state institution.

The reasons which operated to prompt our early leaders in Michigan to prefer a college under the shadow of the university operate today. Many of the sons and daughters of that state go to the university with a calling unchosen and with no prejudices against our profession. They are enabled to see our work, to become acquainted with our system, to learn something of homeopathy "on the side," just as they learn of other sciences and arts while taking a university course, and thus many of them are brought into the homeopathic ranks, while many more are brought to know that it is a recognized system and worthy of their consideration and employment. The influence for good for us through this channel is hard to estimate.

Then, too, our students are broadened into a wider educational life by having the benefits of the university atmosphere. This was one of the chief arguments of the old faculty, the faculty which retired as a result of the Obetz-Gatchell imbroglio, in favor of their school. We have heard it from them time and again; at Ann Arbor, at American Institute meetings, on the other side of the water from a member of the late faculty, and times without number in the medical journals. For more than twenty years it has been a slogan of the school. And a good slogan it is, too. None of us are too broad in our educational attainments, and if there is opportunity to absorb a little more of a university education than we possess as we go along in our medical-student careers the better we are for it. One of the best evidences of the usefulness of the Ann Arbor school is the fact that a proportionately large number of physicians have sent their sons to that college, in preference to the colleges in the larger cities. The absence of some of the advantages which obtain in city colleges are quite offset by other advantages offered by a university school.

Under former information this journal favored removal of our college from Ann Arbor to Detroit. Under more recent information, and with the conditions at Ann Arbor materially changed for the better, we are fully convinced that the wishes of the founders of the homeopathic department should be observed. As Professor Gilchrist expresses it in his communication in another column, there is small need for a homeopathic college in Michigan except for the matter of state recognition. This state recognition is best exemplified by having our college on the university campus. With situations much more adverse than at present, or than they ever can be made again, the pioneers of Michigan determined this question. They set about to establish a college there, and succeeded. And they succeeded in keeping it there when the old school were doing all in their power to throttle it and drive it out of existence. Surely we can do as well as they.

Shall we now allow ourselves to acknowledge defeat, whether the allopathic profession be our foe, the regents be our enemy, which is no longer believed, or we ourselves be the disturbing element which has brought to us temporary disaster? By all means, No! We have our rights on the campus. If we are not being fairly treated there we should see to it that the Legislature and courts secure for us the treatment other departments receive. No ignoble retreat to another field should be considered for a moment, if such retreat be based upon acknowledgment that our college cannot be made to thrive at Ann Arbor. It has been made to thrive in the past—else some one has been publishing falsely for a good many years—and it can be made to thrive again and as never before.

We are heartily in favor of carrying out the plans of the forefathers of Michigan and making the college at Ann Arbor a complete success. It can be done and ought to be done. We should fight it out on these lines if it takes all summer.

AN APOLOGY TO DETROIT.

We doff our hat to Detroit. As will be seen by perusing the communications of Drs. Knight and MacLachlan in another column, we are in no danger of losing Grace Hospital or any part of it to the allopaths. Of this we are truly glad. The American Homeopathist proclaimed editorially in a recent issue that there is this danger, and as a rule that journal keeps well informed. The Medical Century has been directly informed by members of the Detroit profession, last summer during the meeting of the Institute, and since, and also by members of the profession of Michigan outside of Detroit, that there is danger through apathy that

the allopaths may force an entrance into Grace Hospital. If we are misinformed on this point, and the communications of Drs. Knight and MacLachlan leave little doubt upon the subject, we owe an apology to the profession of the City of the Straits for having stated editorially last month that the danger referred to exists.

In this connection we desire to purge ourselves of the suggestion made by Dr. MacLachlan that we are disposed to blame him as a member of the late faculty for any of the trouble which came upon the Ann Arbor college. Nothing could have been further from our thoughts. We have had every reason to know that he was loyal to every interest of the school through its recent troubles.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. C. A. Stone has removed from Elgin, Ill., to Belvidere, this state.

Dr. B. A. Sawtelle has moved from Holliston, Mass., to Norfolk, Conn.

Dr. Fred S. Piper has moved from Hillsboro, N. H., to Lexington, Mass.

Drs. Bernard and Davisson are the new officers of the National Medical College.

Dr. M. F. Howe, formerly of Coggon, Iowa, is now located at Lake Charles, La.

Prof. John R. Boynton is a member of the attending staff of Cook County Hospital.

Dr. J. M. Walker, Denver, visited Chicago and Cleveland on business last month.

Mr. T. A. Cheal, Hering, '97, speaks up from his college entertainingly in this issue.

Dr. H. W. Champlin will move from Towanda, Fa., to Bloomsburg, that State, on April 1st.

Dr. W. A. Farnsworth, who moved recently to Grand Rapids, Mich., has opened offices at the Gilbert.

Dr. D. DeForest Cole is now located in Batavia, N. Y. Dr. Cole's former home was in Albion, that state.

We are under obligations to Dr. T. C. Duncan for many of the facts concerning the life of Dr. William H. Burt.

Dr. Wilson A. Smith has taken a downtown office in the Marshall Field building, where he is to be found from ten till twelve.

Dr. J. Martine Kershaw is now sole editor of the St. Louis Journal of Homeopathy, a bright and sparkling monthly medical journal.

Prof. A. K. Crawford will deliver an address at the annual meeting of the Colorado State Society at its meeting in May of this year.

Dr. H. F. Noyes, of Mt. Carroll, Ill., was shaking hands with Chicago physicians, and a host of friends besides, the latter part of January.

Dr. Thomas H. Winslow, Hering, '96, is pursuing post-graduate studies in Berlin. Upon his return to this country he will locate in California.

Dr. H. M. Marsh, Danville, Ky., is not in good health. He will remove shortly to Colorado, leaving in Danville a good opening for a successor.

Homeopathy is very firmly established in Baltimore. The city has over sixty-five homeopathic physicians, all of whom are very capable men and women.

Mr. A. E. Frankland, our regular correspondent, furnishes us this issue with a batch of interesting news-notes, from the doctors along the line of his travels.

Hahnemann Medical College has had one of the most pleasant and prosperous years the old school has ever enjoyed. The class has been harmonious and enthusiastic.

If you have nothing else to do this month, just honor the Medical Century's little billy-doo for your subscription. You know how it is—the printer must be paid.

Dr. H. E. Spalding, Boston, has been somewhat indisposed during a part of the winter from overwork and excessive use of his eyes in professional studies and duties.

The cities continually drain the country of good men. Dr. C. P. Meredith has fallen in line and located at Louisville. Dr. Meredith's former home was Eminence, Ky.

Dr. T. Cecil Hicks, who is now a Nashvillian, at 837 Market street, furnishes the current issue of the Century with some Nashville news-notes, which will be read with interest.

Dr. S. R. Mason, of DeVall's Bluffs, Ark., was a Chicago visitor for a short time during February. He reports a good business in the southland and is looking hale and happy.

Dr. H. A. Mumaw speaks up from Elkhart that the Medical Century for January makes a very creditable showing and that there is nothing small about it except the price.

Boericke & Tafel are putting up a calendulated-boracic acid in one of the neatest retainers which we have seen. The receptacle is made so that it not only is a retainer but a duster as well.

Dr. W. J. Hawkes, Chicago, is spending the late winter months in Pasadena, Cal. He reports everything in that section as green and spring-like, except himself, and that he is doing well.

Dr. F. O. Hart, of West Unity, Ohio, has returned from a vacation spent among the cotton fields and corn of the Southland. He had a fine time and enjoyed himself as a tired but prosperous doctor can.

Dr. W. B. Hunt, who has been associated with Dr. J. H. Buffum, with offices in the Venetian Building, this city, for the past four years, has severed that association, and opened offices at 100 State street.

Dr. I. T. Talbot, Boston, New England's homeopathic Grant, is in Algiers for his health, and is reported to be improving. His hosts of friends in this country will rejoice in his complete restoration to his old-time vigor.

Mr. P. S. Elliott, a brother of Drs. J. F. and C. S. Elliott, of Kansas City, Mo., came off with flying colors in the oratorical contest at Washburn College, Topeka, Kan., and will represent that school at the State oratorical contest.

We have received from Dr. A. Stanley Dolan, assistant superintendent of the Southern California Insane Hospital, a splendid photograph of that institution, which will appear in a future number of the Medical Century as a frontispiece.

We learn from pretty good authority that the National Medical College is to be reinstated in good standing by the State Board of Health. We hope the rumor is true and that henceforth there will be no cause for unfavorable action by the board.

Early last month Health Commissioner Kerr sent a communication to President Halle, of the school board, that unless the water supply of all Chicago

schools was purer by the eleventh of January, water would be shut off from every school in the city. This has since been done.

A Homeopathic Dispensary is soon to be established in Richmond, Va. The surgical department will be in charge of Harry S. Corey, M. D., who is a graduate of Boston University Medical School, and has been taking special courses at the New York Polyclinic this winter.

It will be a pleasure to his friends throughout the profession to know that Dr. Henry Sherry, formerly of Chicago, is becoming established in a remunerative and growing practice in Los Angeles and Pasadena. His health seems to be fully restored, likewise his professional energies.

Dr. A. W. Phillips, of Derby, Connecticut, has been appointed surgeon-general of Governor Cooke's staff, and Dr. M. O. Terry, of Utica, New York, has been appointed to a like position by Governor Black. Dr. Terry also held the surgeon-generalship of New York under Governor Morton.

Dr. J. S. Wood, of Oak Park, died on January 27, 1897, at the ripe age of eighty-six years. He was one of the oldest members of the profession in the State. He had not been in active practice for many years, but used to enjoy a large work in central Illinois. We believe that his field of work was in Tonica.

Halsey Bros. Co. had a fire at their pharmacy recently, which would have been a bad one but for the fact that the employes kept their wits and by prompt action subdued the flames. It is a bad place for a fire to get started, and we are glad to learn that Messrs. Halsey Bros. suffered but a few hundred dollars' loss.

The twenty-first annual session of the California State Homeopathic Medical Society will be held at Mount Lowe, near Los Angeles, May 11th, 12th, and 13th. The bureaux have made up unusually interesting programmes for this meeting and it promises to be one of the most instructive ever held by the society.

The many friends of Dr. T. S. Hoyne will be pleased to learn that he is grandpapa again. This is nothing new, but if it does not stop before long we will begin to believe that Hoyne is much older than he appears. The Century wishes for the grandfather, mother, boy and all concerned the best of life's treasures.

The Allegheny County (Pa.) Medical Society has had a committee at work on an exhaustive investigation of the present methods of executing criminals, and that committee has concluded its investigations by recommending that gas be employed for capital punishment as a substitute for hanging or electrocution.

The fifteenth yearly issue of Treat's International Medical Annual is well under way and will be issued early in the year. This is one of the Annuals worthy of hearty commendation. It always finds a welcome place on our book-table. Its corps of author-editors embraces a good list of the best known men of the profession.

Dr. George A. Kenny, at Salmon City, Idaho, for the past twenty years, now, at last, desires to retire. Dr. Kenny has written in to Mr. A. E. Frankland, the Medical Century's correspondent, to ask to be put in touch with a possible successor. Mr. Frankland suggests that physicians desirous of making a change in their locations make a note of this.

The Monroe County Homeopathic Medical Society, New York, held its annual meeting on January 19th at the Homeopathic Hospital, Rochester. Papers were read by Drs. Jesse W. Buell, F. B. Seitz and J. M. Lee, besides which the president, Dr. M. H. Adams, delivered an address entitled "What Does Homeopathy Stand for Today?"

Dr. Charles S. Mack, formerly of Ann Arbor, but more recently of Chicago, has moved to La Porte, Ind. The W. T. Keener Company, of this city, have in press for Dr. Mack, a book entitled "Principles of Medicine," and designed as a text book for use in medical colleges.

It is pleasant to have our efforts on the Medical Century's behalf appreciated, and the many cordial letters of congratulation on that journal's new and enlarged edition for eighteen hundred and ninety-seven have caused us to determine to do better yet by our readers. The future holds several propitious developments for the Medical Century, which will shortly be heard from.

Dr. H. W. Westover, of St. Joseph, Mo., in a private letter, announces the prospects as favorable for the putting of a state asylum under homeopathic control. Missouri, with her splendid state body and gifted professional personnel, should keep up with any state in the Union in the securing of her rights at the hands of the Philistines.

The Medical Counselor, Detroit, and the Denver Journal of Homeopathy have reduced their subscription price to one dollar a year. There are now a good number of creditable one-dollar journals and but three old reliable three-dollar journals, well worth the money, the North American Journal of Homeopathy, the Hahnemannian Monthly, and the Medical Century.

Dr. Scott Parsons, Jr., of St. Louis, is making a wide-awake and active chairman of the Surgical Bureau of the Missouri Institute of Homeopathy, which will convene at Kansas City, April 20-22, inclusive. Meantime Dr. Parsons is jogging the memory and urging the effort of the surgical profession toward the securement unto his bureau of good and carefully prepared papers.

According to Popular Science News, Prof. Hallock announces the discovery of a method of photographing the human voice or making intelligent pictures of musical sounds by means of the camera. Such perfect results are obtained that the voice of a tenor or soprano can be judged, he claims, with absolute accuracy as to its quality and range without hearing it, merely by inspecting a series of photographs.

Dr. Janet Long, a graduate of the Illinois Medical College, an institution not recognized by the State Board of Health, brought suit to compel the board to issue her a certificate to practice and won her case, the judge deciding that the board had no right to refuse to grant her the certificate asked for. After a time the board will perhaps content itself with watching after the sanitary conditions of the State rather than trying to run medical colleges.

At a recent meeting of the new board of managers of the Collins State Homeopathic Hospital, New York, Dr. George Allen, of the State Hospital, at Middleton, was elected superintendent of the hospital, and Dr. William Tod Helmuth was chosen as president of the board. It is intended by the management to make the hospital's internal appointments second to those of no institution in the world, and already the work in that direction has progressed admirably.

Governor Stephens, of Missouri, will give the asylum at Nevada to the homeopaths. While one-third of the entire population of Missouri is of ho-

meopathic tenets, until this time homeopathy has not been represented in any of the state institutions. The Missouri medics have made a long and persistent fight for this recognition and are to be congratulated upon the success of their efforts.

Dr. T. J. Patchen, of Wisconsin, one of the pioneers of homeopathy in Western New York and subsequently in the Northwest, died late in January. Dr. Harvey Dale, of Oshkosh, will furnish the Medical Century with an obituary notice of this honorable father in homeopathy. Dr. Patchen will be remembered by all who attended the Milwaukee meeting of the Wisconsin State Society last spring for his pleasant and vigorous defense of the old-time methods of our profession.

Dr. Fisher, editor of the Medical Century, has sufficiently regained his health and energies to be able to resume professional work. For a time it was thought he might have to leave the rigorous climate of Chicago, because of cardiac debility consequent upon his recent illness, but his gain in health since his return from the Pacific coast has been rapid and permanent. He is already actively established in practice, with city offices at 100 State street, and will remain in Chicago.

D. Lyman A. Clark, Cambridge, New York, has been for many years the medical examiner for the Home Life Insurance Company, of New York, and last June was appointed examiner for the New York Life Insurance Company, without solicitation, it having been taken from two old-school physicians, and with full knowledge upon the part of the company that Dr. Clark holds his diploma from the New York Homeopathic College. Dr. Clark is also examiner for the Mutual Reserve Life Company.

Negro women in New Orleans will be trained for nurses under the auspices of the University Medical College. The object is to supply well-trained attendants at moderate prices. The nurse supply in the Southern city at the present time is reported insufficient for the demand and the fees charged by trained nurses are consequently so high that people in moderate circumstances cannot meet them. It is not thought that the negro nurses will in any way interfere with the white women doing similar service.

The board of regents of the University of Michigan think it would take about thirty thousand dollars to properly set up and equip laboratories for a separate homeopathic college in Detroit. In the Free Press Dr. MacLachlan is quoted as suggesting that five thousand dollars will suffice. Not for a modern medical college essaying to be a state school. The regents are much nearer right. The time has gone by for state schools half-equipped. The best is none too good. Take the regents at their word, if a separate school is won.

That valuable and valued member of the homeopathic profession, Dr. J. C. Jump, of Oberlin, Ohio, says that her table is loaded with medical journals, but "I do not feel that I have one to spare, even though the times are hard. There is enough meat in almost any number of a good medical journal to pay for the year's subscription." Now, if there were not such a jump between readers like Dr. Jump the way of the journalistic worker would be rose-strewn and the pen-and-ink face which he takes upon himelf would wreath into amiability.

The San Francisco sanatorium is fortunate in having a matron trained under Dr. Lee, and the most excellent matron of the Rochester Hospital. Under her charge a training school has been established. Training school lectures are being delivered by the staff and others, and thus a useful and much needed work in this direction is being accomplished. We shall watch the outcome of this sanatorium effort in San Francisco with much interest, freely predicting a large and complete public hospital within a few years and then a successful homeopathic college on the coast.

Dr. L. A. Ryder, North Topeka, Kan., has been much crippled for the last six weeks by a vicious attack of inflammatory rheumatism. He is now able to get about the house, though his left hand is still stiff and painful. Dr. Ryder says that he has had all the possible and impossible cures for his disorder thrust upon him during his illness and that the only one he hasn't tried is that once prescribed for another man similarly afflicted—falling down stairs. The prescription is not one that Dr. Ryder cares to prove, though he will confidentially consider items of information from whilom provers.

The new faculty at Ann Arbor have issued a highly creditable Midwinter Homeopathic Medical College Bulletin setting forth the latest and most reliable information about that school. It is issued by authority of the regents, is well edited, contains many facts that the profession should be acquainted with, reveals a new life and energy about the college, which should make it succeed in spite of the numerous drawbacks it has lately experienced, and, altogether, is a publication which will do the college and its alumni much good. Copies may be had gratis by addressing the secretary of the faculty of the Homeopathic College at Ann Arbor.

The notorious O. E. Miller, the hernia truss man, best known to us as having wormed a place into the Homeopathic Headquarters at the World's Fair through the influence of his then Chicago representative, Dr. A. S. Everett, has been found guilty in Denver of bank wrecking and has a penitentiary sentence ahead of him. It will perhaps be remembered that the Medical Century was threatened with a damage suit by Drs. Miller and Everett at the time their relations to Homeopathic Headquarters were adversely commented upon. It was thought at that time that the O. E. Miller Truss Company had no rightful place on our preserves; now we know it.

It is always a pleasure to chronicle the prosperity of things homeopathic, and doubly so wherever the prosperity follows hard upon the heels of earnest, painstaking effort. Such an effort was put out by the energetic young men who make up the firm of P. H. Mallen & Co., upon the occasion of the opening of their pharmacy at 48 Madison street, this city, and their large and growing clientele attest the success of their undertaking. Messrs. Mallen & Co., have demonstrated their title to a name and place among the leading homeopathic pharmacists of the United States, and the future opens to them with a propitious suggestion of a not distant first place.

According to the Detroit Free Press of February 10, the latest plan in relation to the proposal to remove the homeopathic department of the University of Michigan from Ann Arbor to Detroit contemplates its divorcement from the university to that extent that the regents are to have nothing to do with it, it being proposed to place it under the care of state trustees, appointed for the specific purpose of looking after it. To our mind this would altogether too positively disconnect the school from the university to make it a university college, as has always been intended for it. We do not believe the suggestion a good one. If we are to have

a homeopthic department of the university let it be under university management and control, and let us be an integral part of the university in fact as well as in name.

Some things are so different. This relevant remark is called forth by a careful and semi-Sunday consideration of a recent number of the North American Journal of Homeopathy. We don't know that every copy sent out was afflicted as was the one received by us. If every copy was we hope the readers thereof were as pliable as are we to the exigencies of a situation. We stood on our head to read the first sixteen pages of the journal, and bent around to them in the last forms—where they had been coquettishly placed by a coy printer and left by an all-too confiding editor—in a way to reflect great credit upon a boa constrictor. There is one thing nice about a printer. It's his funeral.

The Rochester Homeopathic Hospital has this year accomplished one of the rarest of feats in all hospitalism: a satisfactory financial showing in its various departments. Besides this, the secretary's report showed that 1,305 patients had been treated during the hospital year, an increase of two hundred and sixty-two over last year. The sixteen free beds in the hospital have been seeing active service the year through; in the free dispensary, 1,237 patients were treated, and 3,326 prescriptions given out, an increase of 490 patients and 389 prescriptions over 1895. The Rochester Hospital, with one-third the equipment, has done the same amount of surgical work as the Presbyterian Hospital of New York.

Dr. C. D. Kinsley, of Cheshire, Massachusetts, says he has found the Medical Century of great practical value to him at the bedside. That covers the fulfillment of one of the Medical Century's chief ambitions—to be of suggestive help in daily practice. Dr. Kinsley also records that Fisher's Diseases of Children is prized by him very highly.

The Century's readers will recall with interest the case reported recently by Dr. C. L. Thompson, Muskegon, Michigan, of the boy Oscar Berg. Dr. Thompson communicated to the Medical Century some days ago the intelligence that the young diver had so far forgotten his late paralytic experience as to be walking about the streets of Muskegon with the aid of a cane.

Dr. E. S. Bailey presented an excellent paper to the Homeopathic Medical Society of Chicago at a recent meeting. It was on renal insufficiencies, and was based upon an analysis of fifty cases that had been under observation during the past fall and present winter. The cases examined showed that in nearly every case which had a tendency to become chronic there was a deficiency of the solids in urine. This deficiency often fell as low as thirty per cent. of the normal. He believes that a proper attention to the kidney will often enable us to correct this tendency to chronic invalidism, and particularly to cure our cases of melancholia. At the same meeting Dr. Willard read a paper upon the diagnosis of ectopic pregnancy. This paper was also a good one and elucidated the diagnostic points in a clear manner.

The Hahnemann Hospital College, of San Francisco, has made application to the regents of the University of California for adoption as an affiliated college, with considerable chance of being taken under the shadowing wing of the state school. The trustees of the college make a creditable showing, the college being free of debt and in a fairly prosperous condition, with an alumni of above one hundred and twenty-five during the thirteen years of its existence. This adoption, if secured, will doubtless solve the college problem on the Pacific coast and bring to the college a greater degree of prosperity than it has heretofore enjoyed. In the petition to the regents the precedents of Ann Arbor, Iowa City, and Minneapolis are cited with emphasis and force. From all information obtainable, if the college is adopted as an affiliated school the credit will be largely due to the intelligent and untiring efforts of Dr. George H. Martin, of San Francisco.

The report of the Westborough Insane Hospital for the year ending September 30th, 1896, has been issued. It shows that the daily average number of patients in the hospital was 574.97, the total number of cases in the hospital during the year, 843. The number of curable cases admitted was 60, of whom 38 were discharged cured. It has been shown by careful examination of the state hospital statistics for ten years that but 30 per cent. of all cases committed to lunatic asylums are curable, excluding the alcohol cases. Industry is made much of at the Westborough Asylum and the list of articles manufactured by the patients is both interesting and amusing. The farm in connection with the asylum is assiduously cultivated and the income from farm products alone last year was $21,951.17. One suggestive fact to which our attention has been attracted in the statistics submitted, and to which attention is always attracted in the consideration of such statistics, is the disparagement between the number of lunatics from cities and those from the country, the proportion being as 201 to 75.

In a certain New York nursery babies are not allowed to cry any more and the way they are prevented is advocated as "simple in the extreme" and has been copied admiringly in a number of exchanges. "As soon as a child begins to cry a nurse catches it up, holds it gently and places her hand over its nose and mouth so that it cannot breathe. The crying ceases directly and the child is allowed to breathe freely again. Should it a second time attempt to scream, the same simple and effectual method is applied. This is repeated until the baby imagines that the painful stoppage of the breath is caused by its own effort to scream and so is careful to keep quiet." If this psychic conviction on the part of the baby is the real reason that it keeps quiet we are inclined to wonder that it has not been psychically convicted during all these past years when it has screamed itself black in the face until the "stoppage of breath" must have been just as painful as when its breath is forcibly shut off by the hand of the nurse. Confidentially and ethically we don't believe that the baby reasons the matter out so satisfactorily; and we do believe that the same effect can be accomplished by scaring the child into epilepsy in a variety of ways. The possibilities of the principle are limitless. But most of all, we call attention to the fact that the baby's wail is its one method of communicating its various distresses and to take from it through fear—or even logic— that feeble cry for help is to do a questionable if not villainous thing.

The District Commissioners have forwarded to Congress a copy of a proposed new law regulating the sale of milk in the District of Columbia. The sections of the bill relating to the tagging of cows are as follows:

"That the health officer of the District of Columbia be, and he is hereby, authorized to cause to be made metal tags, numbered and stamped, with some de-

vice deemed suitable by him, and to cause each cow from which milk is, or is to be, supplied for use in said District, to be examined by a veterinary surgeon, and, if such cow is sound and in good health, to cause to be affixed to her one of the tags aforesaid. No person shall counterfeit or imitate the tag before provided for, nor put on any cow any counterfeit or imitation tag, nor, without authority of said health officer, remove or cause to be removed, either directly or indirectly, such tag; nor place or cause to be placed such tag on any other cow than the one to which it was affixed by authority of said health officer. It shall be the duty of the owner of any cow thus tagged to notify the said health officer immediately after becoming aware of the loss of any tag therefrom.

"That after the examination of the cows at any dairy farm has been made as herein provided for, and tags have been affixed to such of them as are sound and in good health, it shall be unlawful for the proprietor of such dairy farm, without a written permit from the health officer of the District of Columbia, to have or to keep thereon any milch cow not tagged as herein provided for; or, either directly or indirectly, to sell, exchange or deliver, or to send or bring into the District of Columbia, any milk from any cow not tagged as aforesaid; every permit hereafter issued to send or bring milk into the District of Columbia shall be conditioned upon compliance with the provisions of this section."

Minnesota has a number of good towns where homeopathy is not represented, towns with populations ranging from seven hundred to seven thousand. We subjoin a list of these towns, supplied by the Minneapolis Pharmacy Company, and would suggest that the sweet young graduates note them carefully:

	Population.		Population.
Ada	800	Melrose	780
Adrian	1,072	Montgomery	1,250
Aitkin	1,670	Monticello	750
Appleton	1,000	Morton	785
Barnesville	1,200	New Prague	1,042
Benson	877	New Paynesville	800
Brainerd	7,000	North Branch	1,241
Biwabik	1,000	Ortonville	800
Buffalo	827	Red Lake Falls	1,002
Belle Plaine	800	Rush City	832
Caledonia	1,065	St. Paul Park	1,691
Chaska	2,443	Rushford	1,122
Cloquet	2,662	North St. Paul	1,020
Dawson	1,000	St. James	1,874
Dayton	1,139	St. Peter	4,250
Delano	889	St. Louis Park	1,211
Detroit City	1,800	Sauk Rapids	1,313
Ely	2,260	Sandstone	1,054
Farmington	752	Sleepy Eye	1,953
Fort Snelling	838	Sauk Center	2,015
Granite Falls	733	Staples	1,194
Glencoe	2,022	Springfield	1,116
Hutchison	1,812	Thief River Falls	840
Henderson	1,000	Tracy	1,687
Hibbing	1,085	Tower	1,265
Hopkins	1,868	Two Harbors	1,960
Janesville	1,128	Virginia	3,647
Jackson	1,000	Wabasha	2,500
Kasson	1,125	Wadena	1,200
Kenyon	1,148	Waterville	1,446
Leech, Cass Co.	1,600	Wells	1,762
Lake Crystal	1,124	White Bear Lake	1,300
Lanesboro	1,109	Wilmar	2,577
Long Prairie	700	Worthington	1,917
Madelia	1,185	White Earth	3,000
Montevideo	1,800		

CINCINNATI NEWS-NOTES.

Dr. L. D. Meader has located in Hyde Park, a new and prosperous suburb of the greater Cincinnati.

Dr. P. T. Kilgour has been confined to his bed with la grippe. After three weeks he finds himself ready for work again.

Dr. J. M. Crawford enjoys the distinction of having been the first physician to use and to demonstrate the use of the phonendoscope in Cincinnati. Of course the students of Pulte Medical College were "on the inside" in this.

Dr. W. A. Geohegan is always "up to date" in things that pertain to medicine, and in his discussion of Dr. Buck's remarks on "The Crooke Tubes and Homeopathy" he but added emphasis to the fact that as a principle in medicine "similia" has come to stay.

Dr. C. E. Walton has been invited to respond to a toast at the proposed Hahnemann banquet in New York. Mr. Chauncey M. Depew is also on the program. If Walton would only publish a book of his after-dinner speeches we could almost think of the C. in his name as standing for Chauncey.

On Monday, January 18, Dr. M. P. Hunt, of Columbus, president of the Homeopathic Medical Society of Ohio, on invitation of the program committee of the Cincinnati Homeopathic Medical Lyceum, visited that point and read an interesting and instructive paper on "The General Practitioner," in which he took up the gynecological part of a physician's work and threw out practical hints in the line of diagnosis. The burden of the paper was upon the importance of diagnosis; in that respect homeopathic physicians should excel, that they may clearly and forcibly present the range of therapeutic value of remedies prescribed upon the sensible basis of knowing their action on a healthy organism before using them in disease.

Dr. J. D. Buck, scheduled for the same evening, gave a very interesting talk upon "The Crooke Tubes and Homeopathy," in which he traced the facts in science leading up to the discovery of the X rays and the latest facts respecting the behavior of the rays under different conditions. It would be impossible to give a digest of Prof. Buck's remarks. His point was that as new facts are discovered or new deductions are possible from facts already in our possession, he finds that the homeopathic principles receive added force. Just as the necessary amount of carbon to convert iron into steel is infinitesimal, corresponding to our third decimal, so the finer force in the action of potentized drugs is demonstrated.

NEWS-NOTES FROM INDIANA AND OHIO.

Dr. Felch, a recent Chicago graduate, has located at Monticello, Ind.

Dr. Hilliard, who was formerly at Richmond, Ind., has moved to Parkersburg, W. Va.

There is a good opening at Saint Paris, Ohio, a thriving little town of some two thousand inhabitants, near Auburn.

Dr. I. H. Brower, Pulte '96, has located at Indianapolis. Indianapolis is a good homeopathic field which is not yet too full.

Dr. D. W. Weaver, Hahnemann College, Philadelphia, '96, has come west, and is meeting with success at Greensburg, Ind.

It is confidently expected that Dr. H. H. Baxter, of Cleveland, Ohio, will be the new member of the Ohio Medical Practice Board. His credentials only await the governor's signature.

Dr. J. C. Fahnestock, of Piqua, Ohio, was, upon the occasion of a recent call upon him, engaged upon the preparation of an article for the Medical Century's readers, which will be forthcoming before a great while.

Dr. H. E. Beebe, of Sidney, Ohio, vice-president of the Ohio Medical Practice Board, was a recent visitor to Indianapolis in the interest of the new practice bill. Dr. Beebe is an indefatigable worker for the cause of homeopathy.

Dr. Alfred Rice, of Columbus, Ind., is an interested Century reader and speaks highly of the January issue in its handsome new gown. Dr. Rice has sown the seeds of homeopathy on fertile ground in Columbus and now counts almost the entire town as his supporters.

To the new comers from the colleges in the spring a word: Look over the state of Indiana for a location. There are many whole counties where there is a favorable homeopathic sentiment but where there is not a homeopath in evidence. The field is ripe for somebody's harvesting.

It will be pleasant news to the classmates of Dr. H. S. Adams, Chicago Homeopathic College, '95, to learn that the doctor has a lucrative practice in Indianapolis. After graduating from the Chicago Homeopathic College, Dr. Adams took a special course in New York in eye and ear work and now confines his attention exclusively to that specialty.

At Richmond, Ind., upon the occasion of a call upon Dr. E. B. Grosvenor, of that city, your correspondent was introduced to a patient of the Doctor's who had recently undergone a laparotomy, with the most gratifying and speedy recovery. Dr. Grosvenor is the only homeopath in Richmond who does surgical work; fortunately for himself and his patrons he does it well.

In the State of Indiana the medical profession of all schools, conjointly organized and working harmoniously, will shortly present before the State Legislature a bill to regulate the practice of medicine. There is an urgent need for a bill of the nature of this under way and the most prominent of our men are working zealously for its securement. Among the most instrumental in its behalf are Dr. O. S. Runnels, of Indianapolis, the Drs. Stewart, of that city, Dr. H. M. Logee, of Connorsville, and Dr. H. N. Coons, of Lebanon. The idea incorporated in the bill is the appointment of a board with power to act, looking toward the enforcement of a law in Indiana which shall prohibit from practice all but those physicians holding a diploma from a recognized college. One member of each school of medicine is to be a representative of the board, so that school will play no prohibitive part in the enactment of the law and physicians who hold reputable diplomas so recognized by the State will be free to practice the healing art, but will yet not be classed with the overflow of disreputable quacks who dump themselves in Indiana from other states where such laws are already in existence.

HERING COLLEGE NEWS-NOTES.

The heart of Hering beats regularly and strong, temperature normal.

The on-coming graduating class is full of vim and hope of success in the sheep-skin chase.

Professor H. C. Allen is at present delivering a series of interesting lectures on the "nosodes" and "anti-psoric" remedies.

Dr. Charles Alliaume has been called to fill the chair of Sanitary Science owing to the departure of Dr. Eshbaugh to Kankakee.

Professor Hawkes, having completed his course of lectures on materia medica, has left for California. This is in accordance with a pre-arranged plan, the winter months of Chicago being too severe for Dr. Hawkes in his present state of health. It was hoped that had the mild weather continued Dr. Hawkes might have been able to remain with us.

The annual reception given by the senior class to the faculty and under classes—which reception is in accordance with the unwritten law of Hering—occurred in the college building on the evening of January 16. The most pleasant feature on the program was the presentation to the trustees of a crayon portrait of Dr. H. C. Allen, a gift from the senior class.

Out-work in the stock yards district, begun during the holidays by members of the senior class, is beginning to assume large proportions. The field affords innumerable instances of almost all varieties of acute and chronic diseases, as well as many surgical and obstetric cases. The Hering is fortunate in having friendly relations with those in charge of the charities there and in being promptly notified when its services are required.

FOREIGN NEWS-NOTES AND ITEMS.

The final entombment of Pasteur took place in Paris on December 26th.

Berlin is said to be wrestling rather more vigorously than usual with influenza.

Dr. Declat, of France, the author of the Declat system of hypodermic medication, died not long since.

Two cases of bubonic plague have been recorded in London, occurring in the persons of two sailors just arrived from Bombay.

An old London institution, Charing Cross Hospital, is in financial trouble. The public has been asked for half a million dollars' worth of relief.

Homeopathy has suffered again at the hands of the arch enemy, death. This time it is the good Dr. Julius Ferdinand Katsch, who died at Baden-Baden on the 27th of September. Dr. Katsch was in his sixty-ninth year, and had long been a stanch and able supporter of the homeopathic standard.

Dr. Samuel Van den Berghe, of Belgium, who has become familiar to many of our readers through his journalistic work and through personal rencontre at the London International Congress, was married on the 22d of December, 1896, to the daughter of Dr. Van den Neucker, at Gand.

At the recent meeting of the Swiss homeopathic physicians expressions of regret were manifested that there should seem to be so much strife and splitting of opinions over the potency question. It was the sense of that meeting that the higher potencies are effective and have their sphere of action as well as the lower.

It is estimated that 325,000 people have fled from Bombay as a result of the spread of the bubonic plague. The mill operatives and their families are the last reported to have left the city. The country districts are full to overflowing with unemployed and terrified people, and contagion has been scattered indiscriminately in the surrounding villages.

The Herold Hospital in Paris has now become a childen's hospital through the recent action of the administration. This change is a direct consequence of the disaffection of the Trousseau Hos-

pital. Another consequence of this same disaffection will be the establishment of two more hospitals for children, one on the Rue Michel-Bizot and one on the Rue Etex.

Women have to undergo much the same rigidity of examination for the degree of doctor of medicine in Austria that they do in England. Candidates for that honor often "flunk" before the University of Austria's quizzes. This examination has to be taken by the lady physician from other lands who comes armed cap-a-pie with her diploma, as well as by the sweet girl graduate who may be indigenous to Austrian soil.

In sixteen hundred and forty-two Guy Patin, says the Homeopathic Review, wrote from the College Royal in Paris a letter in which he announced the possible advent of the horseless carriage. Translated, the letter reads: "Yes,it is true, as you have heard, that there is here an Englishman who has under way a project for making a species of carriage which will go and come between Paris and Fontainebleu, making the journey both ways in one day, without horses! If the scheme carries what a saving of hay and oats there will be!"

The mortality in Paris for the last week of November was eight hundred and ninety-one. Contagious and epidemic diseases increased during the week, rather than abated. There were four deaths from typhoid fever and the number of fatalities from all diseases of epidemic character increased from twenty-four for the previous week to twenty-eight. Infantile diarrheal diseases carried off seventeen children. Inflammatory diseases of the respiratory organs caused one hundred and ten deaths. Pulmonary phthisis scored one hundred and sixty-seven victims; meningitis, simple and tubercular, forty-four; cancer likewise was responsible for the death of forty-four persons. There were eleven suicides for the seven days, and fourteen deaths from other violent character. There were during the same period of time four hundred and eighty-one marriages. Ten hundred and eighty-two children were born, of whom seven hundred and fifty-nine were legitamate and three hundred and twenty-three illegitimate. Ninety-eight still births were also recorded.

NASHVILLE NEWS-NOTES.

Dr. Howard Enloe has returned from his bridal tour through eastern cities.

Nashville now boasts of ten homeopaths, two of the number having only recently swung their shingles in Tennessee's capital.

Dr. Francis McMillan, late of Clarksville, Tenn., wishing a larger field of practice, has opened offices in the Jackson Building, this city.

Nashville has been unfortunate in the loss of her homeopathic oculist, Dr. H. F. Fisher, who recently left us to locate in Kansas City.

After two months of European travels and delights the Drs. Dake have returned to Nashville to resume charge of their large and lucrative practice.

Dr. Lennox, formerly of Toronto, Canada, recently passed through Nashville en route to Chattanooga, which she will make her home in the future.

Drs. James T. Hicks and J. M. Rainey have recently fitted out elegant rooms in the new Jackson Building and are now fully equipped for their labors in the healing art.

The homeopathic element of the city were grieved recently, while sympathetically rejoicing, by having to surrender one of their number, Dr. Clara Plimpton, to the pleasures and tasks of another phase of life, when she became the wife of Mr. Gavoc, her retirement from practice immediately following.

The Tennessee Centennial is soon to enlighten the world as to the progress and industry of the old volunteer State. Coincidently with this rare event the homeopathic profession of the city will take great pleasure in meeting and rendering what service they can to all visiting brethren, and in pointing out the progress our system of medicine is making in the Sunny South. While homeopathy may be comparatively embryonic down here, yet its recent development is plainly marked. The occasion of the Centennial will undoubtedly be of good to the cause here by the homeopathic visitors it will bring to us. We have already had occasion to feel encouraged at the interest manifested in things homeopathic in our bailiwick by our northern and eastern confreres, and we believe and hope that it will not be long before we are hand in hand with our more fortunate neighbors in their onward march. We shall expect to see many of the Century's readers a little later.

In "High Altitudes for Consumptives," Edgar A. Tussey, M. D., of Philadelphia, seems at first reading to make rather sweeping denunciations of climatic prescriptions for phthisical patients. By following the little book more closely, however, Dr. Tussey's conservatism is sustained by his arguments and broadened by his exceptions, his paramount idea developing into a plea for the better classification of consumptives, the separation of those who need high altitudes and those who don't. Climatic prescribing is indeed a hit or miss effort usually—one of the things a physician does when he can't do anything else, or when he takes easy and early fright at phthisical manifestations. The coughing, dying waifs, far from kith and kin, scattered over our sanitary climates, attest the mistakes of climatic prescription, made out of time and tune, and Dr. Tussey's effort to arouse more analytic care on the part of the prescribers is a commendable one. The book is well written, unless indeed we take exception to Dr. Tussey's German. We don't really believe that the Germans say that things last "dem ganzen Tag," even though Dr. Tussey quotes from them to this effect. It is a fairly good idea for a man who writes good English to let what the Germans say alone, unless he can trust himself implicitly with the steen forms that the slippery German article may bob up in. (P. Blakiston, Sons & Co.)

Three of a Kind.—I directed you to stop my Medical Century from an economical basis, but I miss it, and as I got enough benefit out of the New Year number to pay for the year's subscription, will ask you to continue the journal as before.

Hokah, Minn. A. M. Crandall, M. D.

I want to congratulate you on the last number of the Century. It was excellent; it was full of good things. R. Kingsman, M. D.

Washington, D. C.

As to the Medical Century. She's a daisy. Big and newsy. Full of valuable articles which make it hard to wait until I find it on my table.

Warsaw, Ill. J. W. Parker, M. D.

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Practice of Medicine.

SIX CASES OF DIPHTHERIA.

BY E. M. HALE, M. D., CHICAGO.

Since January 1, 1897, I have treated six cases of genuine diphtheria. Not one died. It has occurred to me that a report of the treatment of these cases might be of interest.

It is not necessary that each case should be mentioned in detail, as there was practically no difference in their symptoms. Four of the cases were in one family—the mother and three children. The other two were isolated cases. No history of infection could be gained.

Each case, when first seen, presented the following symptoms: Temperature, 100 deg. F. to 102 deg. F. Some swelling of the submaxillary glands; but little swelling of the tonsils; the uvula, curtain of the palate, and posterior wall of the pharynx, and posterior nares covered with a thin, pearly gray membrane; offensive breath, gray coated tongue. deglutition not very painful. All were delicate, slim persons, the youngest six months old, the other children's ages ranging from two to ten years.

The only internal remedies used were Phytolacca 1x, and Mercurius cyanatus 2x. It is useless to give Aconite or Belladonna in such cases—it is a waste of time. The only topical application used was "Borolyptol," a compound of Formalin, boracic acid, Eucalyptol pinus and Benzoin. The most active agent in the above is Formalin, which I believe is the most destructive agent we possess against the bacillus of diphtheria. I am of the opinion that a 1 per cent., or a 1 to 1,000 solution of Formalin would be just as effectual. This Formalyptol, as it is now called, was used in the following manner. A good atomizer, throwing a coarse spray, was selected. One part of the preparation to two parts water was first used; later one part to four. Every two hours this spray was thrown up the nostrils until the posterior nares was flooded and the fluid ran down upon the pharynx and palate.

In the older children and the adult, the spray was thrown against the palate and pharynx direct.

The duration of the disease from the appearance of the membrane to its complete disappearance lasted about six days. Then the Phytolocca and Mercurius cyantus were suspended and Causticum 3x or Strychnia 2x, were given to prevent paralysis. In one case paralysis threatened the heart, but recovered under Strychnia.

Three cases had paralysis of the palate, with nasal voice and difficulty in swallowing, but this soon disappeared. I would recommend the above treatment, modified by such auxilliary remedies as may be indicated.

A PRACTICAL SUGGESTION ON WHOOPING COUGH.

BY J. W. PARKER, M. D., WARSAW, ILLINOIS.

I am sorry that la grippe and kindred affections in epidemic have swelled our usual practice to such proportions that the probable limit of time for replying to your kind request to write on whooping cough has elapsed.

However, I had little to say on Pertussis. Death from this disease is frequently caused by nothing more than apnea. I think in such cases there is great neglect in the profession to use mouth-to-mouth insufflation—restoring breath and giving the little patient an opportunity to again fight for life. An intelligent mother or father will soon learn when baby has lost his breath in a desperate coughing spell to hold his nostrils closed, spread a kerchief over his mouth and placing over this the mouth of the operator to now blow quickly, though steadily, until the lungs are felt to expand. At worst the operator must compress the lungs and fill them again before respiration will continue spontaneously. Usually the first inflation is followed by natural breathing. I have known several cases where persistence in this course saved the life.

Cuprum acetatum 1x dil., five drops in water every one or two hours, merits great confidence, and ranks among our very best remedies for whooping cough.

P. S.—As to the Century—well, it is big and newsy, full of valuable articles which make it hard to wait till I find it on my table; but now, since it only comes once a month, it is harder to wait patiently for the news. I am sorry you could not have made it a once-a-week. Nor is my sorrow selfish sorrow, for I was pained to learn of your weakened physical condition. Long ago I thought you should write it: C. E. Fisher, Ltd. J. W. P.

AN ANTITOXIN CURE OF DIPHTHERIA.

BY DAVID R. STREETS, M. D., BRIDGETOWN, N. J.

I beg to submit to your readers the following report of the successful treatment of a case of malignant diphtheria for the following reasons: (1) In my experience 75 per cent. of such cases are speedily fatal. The rest recover very slowly after suffering from the various sequellae common to such types of diphtheria.

(2) It proves to me conclusively the clinical value of antitoxin.

(3) There are still found physicians who have

no confidence in the remedy for reasons existing in themselves.

(4) In view of all that can be said in all justice to the remedy it is the imperative moral duty of every physician to give his diphtheria patients the benefit of the remedy.

The patient was my son, a boy of six years; when I first treated him he had a croupy cough which appeared to yield promptly to homeopathic medication. Two days later, however, he began to complain that his throat "feels strained." This symptom increased, so that at night his nose was very much stopped up, especially on the left side. I could not as yet observe any local lesion, but the constitutional disturbance indicated an infective process. The boy became increasingly dull and feverish.

On the third day I detected the false membrane extending from the left posterior nares across the velum of the palate to the left tonsil. A microscope and culture test was made and the diagnosis of diphtheria fully confirmed. The membrane rapidly spread to every portion of the nares and pharynx; the constitutional depression continued with increasing severity till nothing but a fatal issue could be expected.

Not having confidence in antitoxin I relied upon the remedies most highly recommended in homeopathic text books, but the child grew worse. On the seventh day after beginning to complain, probably only the third or fourth day of the disease, counsel was called and the employment of antitoxin urged as the only remedy holding out any hope of saving the boy, and it was decided to give the remedy a fair trial and use nothing else. The Peroxide of hydrogen in quarter strength seemed to act as an irritant, and was laid aside; in its stead I used a spray of Seiler's antiseptic, one tablet being dissolved in two ounces of warm water. For nourishment I used half an ounce of beef peptonoids in an ounce of milk, to which was added sometimes one drachm of whisky; this was given every three or four hours.

At the time when the initial dose of antitoxin was given the throat and nose were full of the membrane, which was still spreading, the respiration was greatly increased, the heart was weak, and there was considerable fever. The first injection consisted of one vial of Mulford's Extra Potent No. 2 Antitoxin. In seven hours it was evident that the progress of the disease was arrested and all the symptoms considerably ameliorated. He was given another dose of 1,000 units, upon which he spent a restful night. On the following day, about twelve hours after giving the second dose, a third injection was given. At this time the membrane had lost its vitality and was loosening and retracting from its outer edge; the temperature was nearly normal. The membrane rapidly disappeared, so that after two days only a few shallow ulcers remained. The child made a speedy and complete recovery. From the time the first antitoxin was administered the recovery was as rapid as though the case had been only a mild follicular tonsilitis.

Exophthalmic Goitre.—Miguel S., aged 18, had been ill for about a year before consulting the doctor. He had been under allopathic treatment without benefit He had marked exophthalmos, a considerable goitre, and the pulse was 170. His hand trembled when the arm was raised; the heart was evidently hypertrophied. The action of the heart was tumultuous, and the patient had a constant sensation of palpitation. No signs of valvular disease could be heard. The thyroid gland was considerably enlarged, and one could feel in it a constant vibratory movement. It is well known that this disease is oftenest met with in females. But this was a male, and no cause could be ascertained for his malady. The medicines given were belladonna in low dilutions, with digitalis occasionally for attacks of palpitation. Under this treatment the young man gradually recovered, the perspirations ceased, the trembling went off, the exophthalmos and the goitre diminished, and the heart's action became normal, and in a few months he was quite well.—Revue Homeopathique.

Angina Pectoris.—Dr. Jousset believes this affection to be always an incident of chronic aortitis. It may be painless, marked only by anxieties and dyspnea, in which case Glonoin is its great remedy. If it is painful, Spigelia takes the first place in its treatment; and this drug Dr. Jousset has of late given in fractional doses of the mother-tincture rather than in the 3d and 6th dils. he had formerly recommended.—L'Art Medical.

Antitoxin Complications.—Many diphtheritic cases which recover under antitoxin, it should be remembered, develop complications due to the remedy. Out of 1,805 cases of recovery recorded in Berlin during the first quarter of 1895, twenty-three per cent showed exanthemata or other antitoxin signs. In fourteen cases diphtheritic children died from the antitoxin effects and in fourteen instances where antitoxin was used the diphtheria was excluded, but the children succumbed nevertheless. In a definite number of cases, and not confined to diphtheritic patients, the injection of the serum has been followed by fatal collapse. These fatal instances, in spite of the number of the injected who recover without after symptoms, bear witness to the fact that the diphtheritic antitoxin is a dangerous remedy. More dangerous than chloroform, for chloroform is at least certain in its action, while the serum often fails altogether and its immunising power is very variable.—(Dr. Gottstein.)

Materia Medica.

CARBOLIC OR PHENIC ACID—ANTITOXIN.

BY HENRY CROSKEY, M. D., PROFESSOR OF HOMEOPATHIC MEDICINE AND SURGERY, UNIVERSITY OF KANSAS CITY, KANSAS CITY, MO.

Origin and Classification.—Carbolic acid is a product of coal-tar. Runge gave it the name by which it is commonly known in 1834. I am compelled to place it in the pneumogastric group. It affects the brain; consequently it has some action through the cerebro-spinal group. It also reaches over to the sympathetic. Its great center of action is upon all organs under the control of the vagi; through the sympathetic it affects the heart, kidneys, bladder and bowels.

Except quinine and calomel it has been misused more than any remedy in the materia medica.

Toxic Effects.—When taken in poisonous doses an intensely burning pain is felt in the throat and esophagus, followed by staggering, as if from intox-

ication, and then by complete insensibility. The face is pale; the lips and hands livid; the pupils usually contracted, though in rapidly fatal cases they may be dilated; the pulse is soft and compressible and is increased in frequency, but sometimes much slower than normal, often falling to forty beats per minute; the respiration is stertorous, and mucus rhonchi fill the lungs; the tongue is swollen, and a discolored foam often stains the lips. The skin, breath, urine and feces sometimes smell of the acid. The urine is often passed with difficulty, occasionally suppressed, but is often copious. Discharges from the bowels are uncommon. When an ounce or more is taken death follows in from three minutes to twelve hours.

Lesions Found After Death.—The skin is often purplish in the dependent parts, the angles of the mouth are apt to be discolored and shriveled by the caustic action of the acid, the mucous membranes of the mouth are very white, the tongue is dry; the esophagus is dry, brown and shrunken, its epithelium being readily detached; the mucous membrane of the stomach is more or less reddened, especially along the edges of the rugae; sometimes we find white patches which peel off readily; its epithelial layer is sometimes cornified. The larynx, trachea, and bronchi are generally filled with blood and frothy mucus; the lungs are congested in cases that have survived several hours. The heart presents different appearances; sometimes it is empty, often it is gorged with dark liquid blood. The brain in most cases is darkly congested; in others bathed with a serous effusion.

Effects of Moderate Dose.—When from five to eight grains are taken in water a sense of numbness is felt on the lips and in the mouth, followed by a sensation of coldness. If the stomach is empty slight nausea and an uneasy sensation in the abdomen follow, with vertigo, ringing in the ears, and slight deafness. The pulse falls in frequency and force, as does also the cardiac impulse; diarrhea sometimes occurs. If the acid is continued there is loss of flesh. The urine is dark, acid and turbid; it also contains a small amount of albumin. There are loss of appetite, languor, rise of temperature, restlessness, cough, itching of the skin, dragging of the limbs and want of power in the legs, dragging lumbar pains, intermittent pulse, coldness and paleness of the surfaces and convulsions.

A peculiarity of the breathing is that at first it is slow and shallow, unnaturally so; later it is deep and stertorous.

The urine is not of the same color in all cases; it may be brownish, greenish-black, olive green, or green; all turning dark or a smoky black on standing.

Poisonous effects of the acid have been noticed from its external use in the treatment of wounds, ulcers, diseases of the skin, etc. Its application is frequently followed by giddiness, vomiting and the discharge of the characteristically dark urine, rapid pulse, fever, rapid and irregular respirations, cold feet, lividity of the skin, bronchial rales and contracted pupils, and the patients are sometimes unconscious and comatosed. The pulse is either weak and slow or weak and quick. There is a miliary rash, followed by a bran-like scale or desquamation of the skin.

From these symptoms of the acid upon unconscious provers and provings made by physicians we gather the following symptoms, of use to the homeopathist:

Mind.—Insensibility; loss of memory; cannot remember anything, becomes easily confused; starts to do something then forgets it; cannot retain what is read; moaning continuously, occasionally uttering a piercing cry; naturally quiet and gentle, but easily made impatient and petulant.

Sensorium: staggering like one intoxicated; vertigo, fear of falling; trembling.

Inner Head.—Dull headache in center of head as if something was tightly stretched from temple to temple; intense pressing pains through temples and in top of head; dull, heavy pain in head, with feeling of tight band across forehead; head feels as if encircled with a band which at times seems to crush the head; head feels very heavy.

Outer Head.—Cold clammy moisture on head; sensation of coldness when stooping, followed by cold clammy sweat.

Sight and Eyes.—Alternate contraction and dilation of pupils; severe orbital neuralgic pain over right eye; neuralgia of right eye and temple; sensitive to light; letters seem to run together when writing; cannot see far.

Hearing and Ears.—Beating pain with a humming sound in both ears; numb feeling in ears, followed by a humming or buzzing sound; external auditory meatus excoriated and covered with small pustular eruption.

Smell and Nose.—Fetid discharge from the nose; bloody mucus, or bright red blood flowing from nose; nasal membrane tumefied; must breathe through mouth; tightness in nose between the eyes; nasal catarrh, discharge very offensive.

Face.—Sensitive to touch; pale and anxious; white circles around mouth, rest of face dusky red; sallow bloodless complexion; cold sweat on face; lips dry and cracked, painful.

Teeth.—Grinding of teeth; sordes on teeth.

Taste and Tongue.—Coppery metallic taste; burning and tingling of tongue, feels as if pricked by thousands of needles; tongue looks like raw beef; white; dark brown; thick yellow fur down center; dry and chipped; parched and fissured.

Mouth.—Profuse secretion of bluish-white frothy saliva; ulcerated patches on inside of lips and cheeks; intensely bad smell from mouth.

Mouth.—Fauces fiery red, swollen; diphtheric patches; breath almost unbearable; liquids on being swallowed return by the nose; burning in throat and esophagus; mucous membrane of esophagus dry, brownish, shrunken.

Appetite, Thirst.—Loss of appetite; excessive thirst; relief from cold drinks; feels as if he had eaten too much; when eating feels as if he had to vomit.

Nausea and Vomiting.—Vomiting of dark olive green or black fluid; vomits everything taken into stomach; acid eructations and formation of gas.

Stomach.—Burning in stomach; deathly faintness and sensitiveness to odors; a great deal of pain changing about from stomach to sides; empty gone feeling; constant desire to swallow.

Abdomen.—Frequent colic-like pains; rumbling and rolling in abdomen, with a sense of distension; bowels feel sore when walking; abdomen retracted; muscles feel sore.

Stool.—Fetid stool; rice water discharges, very offensive, smelling like rotten eggs; bloody and mucus discharges looking like scraping of mucous membrane; involuntary thin black stool; stools have

an intolerable odor; diarrhea followed by constipation; anus itches and feels as if skin was rubbed off.

Urinary Organs.—Dark greenish-brown urine; greenish urine; grass-green or olive-green urine; very dark colored; black or blackish-green; urine scanty and red; has a strong smell; contains albumin.

Respiration.—Uneven and irregular; at first, unnaturally rapid and shallow; later, slow, deep and stertorous; desire to take long inspirations; breath hot and feverish.

Cough.—Short, dry, hacking cough; can hardly retain anything on stomach; cough with foul, tenacious expectorations; croup-like cough.

Heart and Pulse.—Fearful beating of heart, especially at night, accompanied with great dyspnea; violent fever; pulse feeble and flickering; intermitting; sometimes slow; feeble, small.

Limbs.—Fetid perspiration in arm-pits; aching pain in shoulder when lying on right side; tingling, burning, numb feeling down left arm to tips of fingers, followed by dull aching, heavy feeling; vesicular eruption on hands and body relieved by rubbing, but leaving a burning pain; lower extremities feel heavy as lead; paralysis of lower extremities; chronic deep ulcers on feet or ankles, emitting a strong odor and burning like fire; cold hands and feet.

Nerves.—Trembling, uncertain staggering walk; partial convulsive movements; easily fatigued; great languor and weakness; profound prostration; surface of body cold and bathed in cold sweat; collapse.

Sleep.—Sleep by spells; uneasy; waken often; eyes half closed; dreams but unable to recall them.

Chills and Fever.—Hard chill followed by fever with light sweat; occurring chills of short duration.

Tissues.—Putrid discharges from mouth, nostrils, throat, ears, rectum and vagina.

Skin.—Offensive odor from skin; innumerable small miliary vesicles over whole body; skin burns after rubbing; eruptions not diffused regularly, interrupted in places; bran-like scales; desquamation.

Treatment.—Evacuation of stomach by stomach pump; followed by magnesia sulphate. The theory is that the acid unites with the magnesia and forms the non-poisonous body known as sulpho-carbolic. Emetics are useless. To stimulate the heart, use injections of nitroglycerin (Glonine) 1-20 grain.

Antitoxin Symptoms.— I want to call attention to a remedy that the allopathic school has tried to force upon, not only the public, but the homeopathists in general. It is not necessary in this paper to describe how the drug is made. All that is necessary for us to remember as a point of application is that the serum is preserved in carbolic acid.

From physicians, and from many medical journals published by the old school, I have gathered the following symptoms: First, from what are called antitoxin poisoning cases we have chill; fever, uneven respirations; stertorous respirations; convulsions; coma; pupils either dilated or contracted; bad smell from the mouth; eructations of gas; thirst; trembling tongue; dry tongue; all discharges fetid; breath fetid; involuntary stool and urine, both dark colored; perspiration; clammy skin; pulse full and strong; slow and weak; heart action often feeble and irregular; vomiting of everything taken in the stomach; vomiting of dark colored fluid; extreme restlessness; sleep broken; and albumin in urine. These symptoms have been gathered from many cases where the antitoxin had been given as a preventive of diphtheria. Many of the children so treated would die in from one hour to nine days.

Numerous cases from journal literature and Willard Parker Hospital, taken together, are confirmatory of the view that antitoxin may prove an immediate fatal poison, even when given in immunizing doses.

From journals I again learn that it is comparatively common to have eruptions follow the use of this remedy, and oftentimes more serious complications. The frequency of the rash appears to be more common when given in mild cases, or as an immunizing agent. The rash may be local, around the point of injection, or general. The time of its appearance varies from two days to three weeks, and its duration varies from a few hours to ten days. The eruption may take the form of an urticaria or a scarlatina. The eruption is of a miliary character, and comes generally in patches over the whole body, when not confined to the point of injection. There is a burning itching which is almost intolerable, and when the rash disappears there is a bran-like scale, or complete desquamation of the skin. The joints of all the lower extremities swell; there are loss of muscular power; hemorrhages from nose, bowels and uterus; a dark colored urine; fever; chill; foul smelling breath; diarrhea which is foul smelling and dark colored; frontal headache; dimness of vision; general lassitude; flushed face; vertigo; forgetfulness; night sweats; neuralgic pains of limbs; hardness of hearing; and oftentimes effusion in the joints and pleural cavity.

Now I wish to study the two side by side, and to do so will arrange them in the deadly parallel:

Comparison.

CARBOLIC ACID.	ANTITOXIN.
Convulsions.	Convulsions.
Insensibility.	Insensibility.
Forgetfulness.	Forgetfulness.
Vertigo.	Vertigo.
Dull frontal headache.	Dull frontal headache.
Restlessness.	Restlessness.
General lassitude.	General lassitude.
Dimness of vision.	Dimness of vision.
Dilated or contracted pupils.	Dilated or contracted pupils.
Flushed face.	Flushed face.
Trembling tongue.	Trembling tongue.
Dry tongue.	Dry tongue.
Bad smell from the mouth.	Bad smell from the mouth.
Acid eructations and formation of gas, constant belching of gas.	Eructations of gas.
Loss of appetite, vomiting of everything eaten.	Vomiting of food.
Vomiting of dark olive-green or black fluid.	Vomiting of dark colored fluid.
Thirst.	Thirst.
Fetid stool.	Fetid stool.
Involuntary stool and urine.	Involuntary stool and urine.
Albumin in urine.	Albumin in urine.
When blowing the nose, mucus, bloody or bright red blood. Bloody stool. Menorrhagia.	Hemorrhages from nose, bowels and uterus.
Stertorous respirations.	Stertorous respirations.
Uneven respirations.	Uneven respirations.

Pulse irregular, sometimes rapid and feeble, other times small and rapid.	Pulse full and strong; slow and weak.
Paralysis of lower extremities, general malaise, great languor and weakness.	Loss of muscular power, general lassitude.
Somnolency; sopor, ending in coma.	Coma.
Chill, followed by fever, light sweat; covered with perspiration.	Chill, fever, perspiration.
Sweat at night.	Night sweat.
Cold hands and feet; coldness; surface pale, bathed in cold sweat.	Cold skin, clammy sweat.
Innumerable small (miliary) vesicles over the whole body. Eruptions not diffused equably over the surface, interrupted in many places.	The eruption is of a miliary character and come ary character and comes generally in patches over the whole body.
	The eruption may take the form of urticaria or scarlatina.
Itching of the skin.	Itching of the skin.
Bran-like scale of the skin.	Bran-like scale of the skin.
Desquamation.	Desquamation.

In this comparison of the two remedies we find that their action is identically the same. The amount of Carbolic acid in the Antitoxin is equal to our second decimal; in fact, should have a stronger effect. The dose is from 1,500 to 3,000 units, repeated from three to five times in some cases.

I cannot find where the allopathic doctors have ever used the serum without the acid; if they will do this and cure diphtheria then we will have to acknowledge that there is virtue in the toxin. But until this is done those of us who have cured diphtheria with Carbolic acid will claim that all cures so far made were made not with the toxin but by the acid.

I would advise homeopathic physicians to leave Antitoxin alone and give only our own indicated remedies. So far they have made more cures than all nostrums.

Carbolic acid is indicated according to our law in very severe cases; it rivals Lachesis and Arsenic in making cures, and if we will but study its symptomatology we will not have any trouble in prescribing it.

Many children have been killed by Antitoxin, as medical journals and newspapers prove. These children would in all probability have recovered if a rational method had been followed.

There should be some way of preventing the sacrifice of the lives of children for experiment's sake. But as long as the law allows our allopathic colleagues to go crazy over some fool nostrum and legalize their murders I am at a loss to know what to recommend.

Cause of Antitoxin Fatalities.—This paper would be incomplete without giving some easily understood reason why the small amount of Carbolic acid in Antitoxin kills, when we know as a rule that it must be taken in large doses to cause death when taken in health. Diphtheria is often followed by the sequel neurasthenia. We can find traces of paralysis all through the course of the disease. It affects powerfully the pneumogastric nerve. Now if we bear in mind that the Carbolic acid center of action is the pneumogastric we can easily understand why a nerve already weakened should give out under the combined power of these two powerful poisons; especially when they are so similar.

Mercurius Precipitatus Ruber. — Gonorrhea, when bluish red, with swelling of the mucous membrane. urethra is felt as a hard string. Orificiae urethrae Soft chancres when the use of Mercurius sol. or Sublimate has given no results. Elevated ulcers. Phagedenic chancre and bubo. Hard chancre, ulcer, deep, with red and hard edges. Highly indicated if the hard chancre spreads. Iritis syphilitica when the pains have ceased. Pemphigus neonatorum and intertrigo syphilitica. Mucous patches upon scrotum and at anus with or without fissures. For these three affections I consider this preparation the most effective, and have always had good results therewith when used both internally and externally as an ointment (one part of Mercurius precip. ruber. 50, 40, 30 parts of Axungia porci lota). (Homeopathic World.)

Mercurius Sublimatus Corrosive or Sublimate.—Balanitis and balanopostheitis as well externally as nternally. Gonorrhea at an early stage, when the Discharge green or greenish yellow, thick, someurethral orifice is red, swollen, and edematous, the glans and prepuce red, hot, swollen, and sore. Tenesmus in urinating. Cutting and burning pains in urination, with but a small quantity of urine. times mingled with blood. Ophthalmia neonatorum. Soft chancre frequently with lardaceous covering at the bottom, and thick and greenish, or quite thin and whitish secretion. Dry vegetations. For the said affections this preparation has to me proved very good, and was at the same time used externally either as a lotion, an injection, or in ophthalmia by instillation into the eyes. Phagedenic chancre. Hard chancre with mucous patches in fauces or upon the genitals with burning pains. Iritis syphilitica in the first stage with vehement pains. Papulous and vesicular syphilides. Ozena with perforation of septum nasi; sticky discharge and burning pains. Syphilitic affections of the organs of respiration. This preparation is the most suitable for gravid patients. It may always be applied externally at the same time. (Homeopathic World.)

Surgery.

SURGICAL TREATMENT OF NASAL HYPERTROPHY.

(Continued.)

Adenoid Vegetations in the Pharyngeal Vault, and Posterior Turbinated Hypertrophies.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

Adenoid Growths.

Relation of Aural Diseases.—Adenoid growths are responsible to a greater degree than all other causes combined for the production of aural diseases in subjects under the age of twelve years. Children possessed of a lymphatic diathesis develop masses of lymphoid vegetation in the pharyngeal vault which are productive of varied, and, at times, serious disturbances. Patients affected in this way are the subjects of repeated attacks of cold in the head with all its attendant discomforts. The fre-

quent recurrence of these acute inflammations superinduces a chronic engorgement of the capillary vessels with its consequent structural changes. The tissue elements multiply, resulting in agglomerations of lymph follicles, sparsely supplied with fibrous connective tissue, which develop in the walls of the naso-pharynx, forming veritable lymph hyperplasiac growths which often assume the shape of vegetations that at times greatly obstruct the passage. The thickening is usually most prominently developed upon the posterior walls and in the region of the posterior folds. These hypertrophies have a tendency to disappear as adult life approaches, but their modifications seldom occur until after serious pathological lesions have been developed; in fact, in general, a state of permanent thickening of tissue incident to the long continued inflammation, is established. However, in some cases an atrophied condition supervenes. Aural affections are among the most noteworthy sequences of lymphoid hypertrophy. The repeated attacks of cold to which such patients are subject keep the structures in a state of irritation and turgescence, cause more or less tubo-tympanic congestion, which at times terminates in a purulent otitis media with consequent deafness. Laryngeal disorders, such as defects of speech, changes in the voice, chronic cough and spasms of the glottis are also often dependent upon lymphoid hypertrophy for their origin; disturbances of the circulation, gastro-intestinal derangements and general impairment of nutrition may be classed among the possible diseases. While many remote lesions in adult life as well, may be attributed to pre-existing lymphoid developments. When we consider the wide range of pathological possibilities that may arise from these growths and the often serious character of the resultant condition, the importance of early and proper treatment must impress itself upon the mind of every thinking physician.

Symptoms.—The symptoms dependent upon the presence of these growths are most marked and noticeable. The child is subject to frequent attacks of cold in the head, being affected by the slightest exposure or change in the weather, becoming, as it were, a barometric index to atmospheric vicissitudes. The nose is more or less constantly obstructed, the respiratory function being carried on almost entirely through the mouth; this is especially noticeable during sleep. A light stringy mucus, sometimes yellowish fluid, constantly discharges from the nose. The normal nasal resonance of the voice is lost, the speech is thick and at times husky. There is usually more or less bronchial trouble that is attended with cough. The aural symptoms are almost as constant. The child has repeated attacks of ear-ache that frequently terminate in a discharge that at times becomes purulent.

Diagnosis.—A diagnosis is made by an ocular inspection of the pharynx and a digital exploration of the naso-pharynx. Upon exposing the fauces the tonsils are usually found to be enlarged and masses of lymphoid thickening may extend downward along the posterior folds, even as far as the base of the tongue, and enlarged lymphatic nodules stud the posterior pharyngeal wall. Passing the index finger up behind the palate, the existence of vegetations may be thoroughly outlined. They present themselves in thickened masses of a soft, velvety feel, springing from the roof and the posterior walls. It matters not how carefully the exploration may have been made, upon withdrawing the finger it will usually be covered with bloody mucus.

Treatment.—The rational treatment of these vegetations is purely surgical. The tedious and prolonged application of Iodine solutions and astringents is eminently unsatisfactory. The physician who recognizes the frequency of this disease in children and applies the remedy not only cures a distressing ailment but subverts a long train of pathological disorders; I make it my duty to operate upon every one at the earliest possible moment.

Operation.—The operation is invariably performed under the lethean influences of chloroform. As far as possible all hypertrophies of the pharynx and the faucial tonsils, if enlarged, are removed first. The instruments necessary are a mouth gag, tongue depressor, a tonsillotome, a tenaculum, a vulsellum, a tonsilar knife, a pair of long scissors with a short angular bend of the blades on the flat, a pharyngeal curette and a pair of post-nasal cutting forceps.

The instrument should be sterilized by boiling, and the hands of the operator rendered aseptic by scrubbing. The patient is then placed upon a table

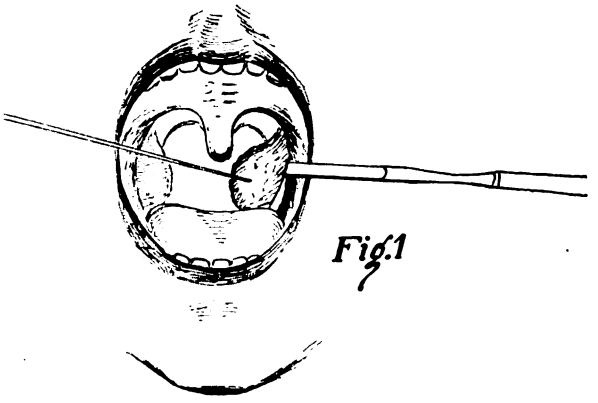

Fig. 1

in a good light and chloroform administered. After complete anesthesia a gag is introduced between the teeth and the mouth widely opened. The head is then made to occupy a dependent position by placing a roll under the neck, or allowing the head to hang backward over the edge of the table, to prevent ingress of blood into the pharynx. The same results may be obtained by placing the child upon the side. The surgeon now seats himself in front of the patient, on the right of the table. If the tonsils are diseased or pharyngeal hypertrophies exist these are removed before the naso-pharynx is attacked.

If the patient is lying upon the right side the right or lower gland is removed first. An assistant steadies the head with one hand and with the spatula depresses the tongue with the other. The

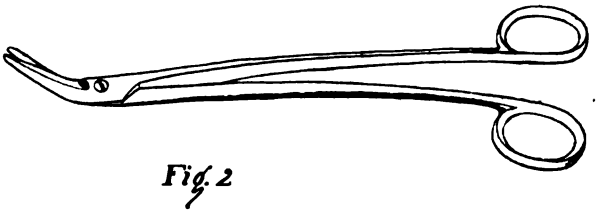

Fig. 2

operator, with a tenaculum or vulsellum, catches the tonsil, draws it out and incises it from below upwards. (Fig. 1.) The other is then removed in the same way. If the surgeon is not dexterous in this class of work, he may perform the ablation better with a tonsillotome, though the latter instrument never accomplishes the results as well.

If adenoid thickenings extend downward along the faucial pillars they should be sheared away with the scissors (Fig. 2), they being best adapted to that purpose. The index finger of the right hand is now introduced behind the palate and the vegetations scraped away. (Fig. 3.) If this cannot be accomplished the curette (Fig. 4) is substituted for the finger, or it may be necessary to introduce the cutting forceps. (Fig. 5.) This closed, is passed

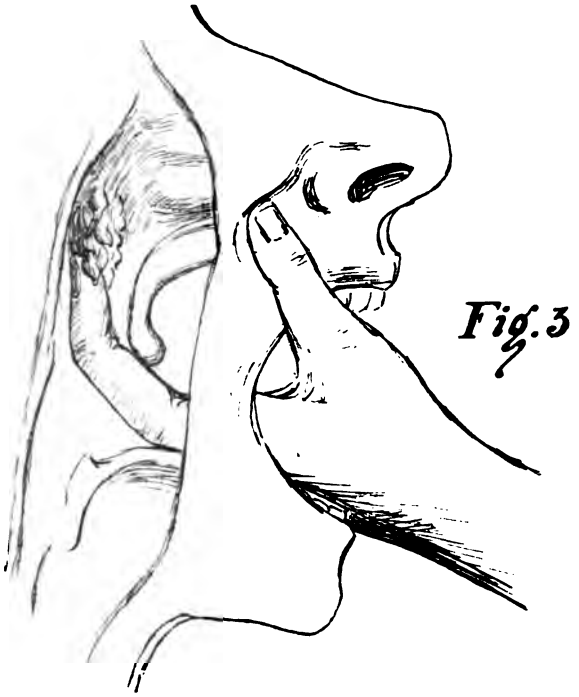

Fig. 3

along the palmar surface of the left index finger as a guide; when in position the blades are opened and made to grasp as much of the growth as possible; this is repeated until all the masses are removed. The surface is then again gone over with either the curette or finger nail. The patient is now turned upon his face to facilitate the escape of blood, after which the gag

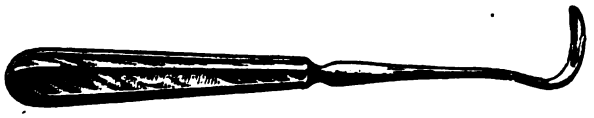

Fig. 4.

is removed. Considerable bleeding attends the procedure; it gushes out through the nostrils and much may be swallowed; this is usually soon vomited up. The hemorrhage promptly stops, and generally the child suffers but slight consequent discomfort.

The way is now made clear for a rhinoscopic examination. By the aid of a throat mirror the naso-

Fig. 5.

pharynx and posterior nares may be clearly outlined, and all the pathological deviations noted. (Some operators can accomplish the examination and execute the removal of hypertrophies without the necessity of this procedure, but I am frank to say that I have never acquired that degree of dexterity; besides, I so often find serious pathological disorders that have been overlooked by prominent specialists, and I can do the work so well in this way that I do not care to abandon the method.) It is not unusual to find thickenings on either side of the septum on both middle and both inferior turbinated bones.

Everything being now ready, the operator, having assured himself beforehand that his battery is

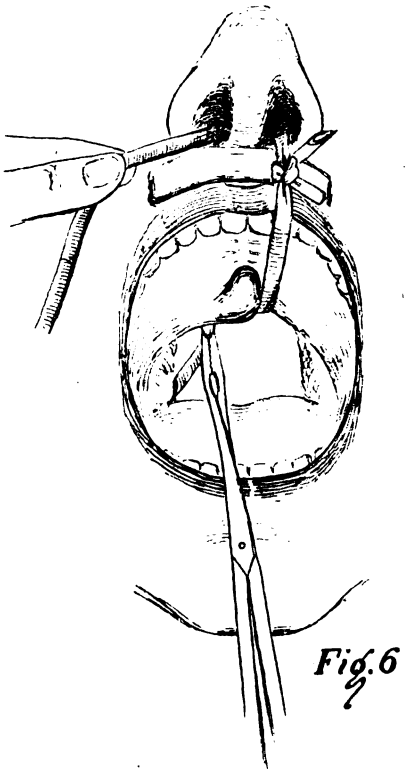

Fig. 6

working well, takes the electrode handle in his right hand and passes a curved knife (Fig. 7) into the posterior nares by way of the mouth, using the reflector upon his brow, to illuminate the field; a throat mirror, previously warmed, is now introduced well back into the fauces with the left hand and held in such a position that all the manipulations can be con-

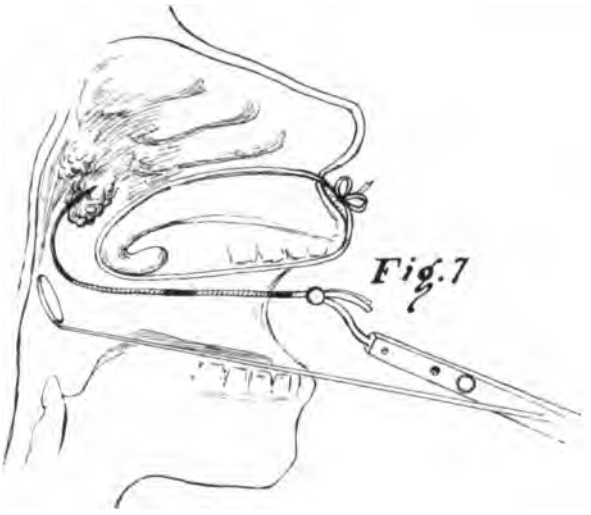

Fig. 7

ducted by visual guidance. It must be remembered that the image moves in the opposite direction from the hand. Much experience is required to become dexterous in these operations, but application and patience will overcome all deficiencies and in time it it will become easy, and what at first seemed impossible will be done with facility. Figure 8 repre-

sents author's cautery electrode for the removal of turbinated hypertrophies.

In operating, the inferior turbinates are attacked first; the growths here are frequently large, and, at times, occupy much of the breathing space, therefore, they should be cut entirely away. This is best accomplished by making a longitudinal incision through it from the back forward, then the tip of the electrode is placed beneath the lower half of the growth, and it is burned off from below upwards; then the upper half is in a like manner destroyed from above downwards. Both sides should be treated alike at the same sitting. After the inferior hypertrophies have been removed those on the middle turbinated bones should next engage the attention of the operator. It will usually suffice to make a simple linear incision in these, along the inferior border, down to the periosteum, with the cautery. (The anterior hypertrophies of this bone are usually managed in the same manner.) The thickenings on the septum are treated by one or two gashes with the cautery on either side as the necessities may require.

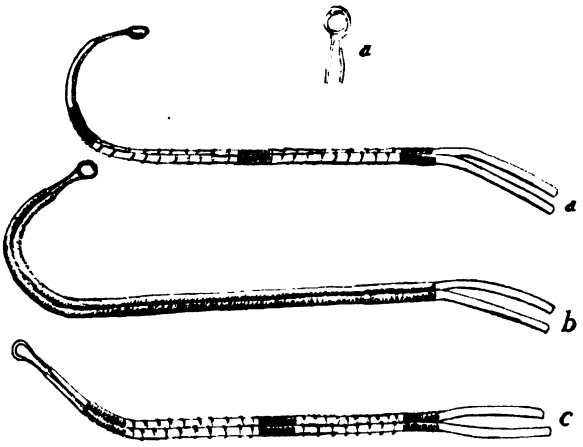

Fig. 8

The posterior work may usually all be done at one sitting, but it is well to again inspect the parts within six to eight weeks to see that the results have been perfect.

After-Treatment.—While the operation is frequently attended with some pain it is often a surprise to see how little constitutional disturbance follows. The immediate discomfort passes away within six to twenty-four hours; but by the second or third day the patient complains of having taken cold, and he may develop some aural symptoms. Medicine should be administered internally as the symptoms indicate. Such remedies as Aconite, Belladonna, Bryonia, Eupatorium, Ferrum phos., Gelsemium and Rhus tox., will generally be called for. The nose should be douched or sprayed with a mild alkali and antiseptic solution twice daily; this must be continued until recovery is complete.

Little, if any, further after treatment is required, as the recovery is usually prompt and satisfactory.

At times, however, acute pharyngitis or even follicular tonsilitis may follow, and rarely, acute otitis media may develop as a sequence. But since there can be no great results in any surgical treatment without at times accidents, these possibilities should not deter the operator from offering relief to this class of sufferers.

Remedial Treatment.—In many patients afflicted with adenoid hypertrophies, constitutional dyscrasiae are present. The child may be anemic, or a strumous tendency may be manifest, with its attendant enlarged lymphatic glands, or gastro-intestinal disturbance may exist. In such cases the homeopathically indicated remedy should be given and its administration continued for a long time. Calcaria carbonica, in the 6th potency, will probably be the most frequently indicated, and will be efficient in a larger number of cases than all other remedies combined. Calcaria phosphorica, Calcaria jodata, Kali muriaticum, Iodine, Mercurius biniodatus, Cina, Nux vomica, Pulsatilla and Sulphur are all remedies that may be used.

In closing this chapter I cannot well refrain from giving a clinical, not unusual, case, illustrating the efficacy of the treatment.

Illustrative Case.—Female, act. 10, light complexion; lymphatic temperament; has always been in feeble health, suffered from cold upon the slightest exposure. Continuous discharge from the nose, voice husky, more or less constant cough and slight deafness. Has been treated more or less all her life. She came to me from the hands of an ear, throat and nose specialist, in whose care she had been for six months. An examination of the throat revealed an enlargement of the faucial tonsils, with adenoid thickening along the pillars, with lymphoid nodules studding the posterior wall. All the tissue presenting an irritable and hyperemic condition. I diagnosed posterior adenoid vegetations in addition and recommended removal under chloroform. The child was at once taken from my care and placed in the hands of another specialist, undergoing another six months' siege of sprays and douches. One year afterward she was again brought to me with instructions to deal with the case as I saw proper. The next day I placed her upon the table and administered chloroform, which she took so badly that I was compelled to change for ether. The tonsils were excised with a bistoury, the faucial thickening removed with the scissors and the vegetations, which were abundant in the pharyngeal vault, scraped away with the finger. Aside from the nausea, the child suffered from no after discomfort, she rapidly recovered, grew strong, ceased to take cold, the deafness subsided, the voice became clear, she took on both flesh and strength, losing her anemic look, and has never since, now one year, lost a day from school.

Posterior Turbinated Hypertrophies.

Examination.—A thickening of the tissue here is quite as frequent as in front. In fact, the two are intimately associated. One seldom existing without the other and the operator who clears the anterior passage and leaves the Choanae undisturbed will meet with many disappointments in the way of failures. The examination is made by means of a head-light (reflector) and rhinoscope, using either artificial or sunlight for illuminating purposes. The soft palate should be drawn forward either with a palate retractor or rubber tubes passed into the nostrils and brought out through the mouth. The superior turbinated structures can seldom be brought into view; they are infrequently diseased. The posterior extremity of the middle turbinates is often the seat of hypertrophy, but the appearance differs materially from that seen in the front. The enlargement often presenting a rounded form and a whitish tint. The thickening on the lower turbinate here is usually in the form of a roundish, white mass, more or less grooved and fissured, presenting the appearance of a raspberry,

though at times it is of a purplish hue, presenting indications of a high state of venous congestion. In some instances the growth may be lifted up with a probe, giving the outlines of a pedunculated tumor.

Pathological Changes.—The pathological changes embody all the structures. The mucous membrane is thickened and richly supplied with capillary vessels. The adenoid layer is greatly increased, the submucous coat being abundantly supplied with enlarged venous vessels that give to the structures their erectile characteristics; the connective tissue distributed to this layer is also hypertrophied. The mucous glands supplying the structures are greatly increased in size and are usually in a state of hyper-functional activity. The bone tissue also frequently takes part in the general hypertrophic condition, the periostial thickening at times being quite marked.

Treatment.—The treatment here, like in the anterior region, to be promptly curative must be surgical. In my experience it is best and easiest carried out with the galvano cautery.

The patient is seated in a chair with his back to a strong light, the sunlight being preferred. The surgeon, after having adjusted to his head a reflecting mirror, takes a position in front of him, facing the light. The table bearing the instruments is placed in easy reach, to his right, while an assistant stands behind and to the right of the patient, in order to steady his head and assist the operator in any way necessary. With an atomizer (possessing slender nozzles, both straight and curved), both nostrils are sprayed with a 2 per cent, solution of cocaine throughout their extent. Replacing the straight nozzle with the curved, the posterior nares and the pharynx are treated in like manner. After the expiration of five or six minutes, the time necessary for the cocaine to act, a small piece of rubber tubing twelve inches long, a Jaque's catheter answers well, which had previously been placed in a bowl of mildly antiseptic solution, is taken in the left hand and its end passed backward through the right nostril until the tip appears in the fauces below the palate, when it is caught with a pair of long forceps held in the right hand and brought out through the mouth. The assistant now places a pledget of gauze over the lip and holds it there, while the surgeon makes taut the rubber, drawing the soft palate forward, and ties it over the gauze. The opposite side is now treated in the same way. (Fig. 6.) While many things may be used, there is nothing better than the Seiler's solution, though salt solution, half teaspoonful of the salt to one pint of water, acts well.

Clinical Case.—To illustrate the beneficial effect that may be obtained from properly conducted nasal work I will cite one clinical case.

Mrs. S., aet. 30, has been suffering from disagreeable aural symptoms for the past three years. She experienced a sensation of drawing and discomfort in the ears that excited the greatest nervousness, and, at times, made her almost frantic. She anticipated all kinds of evil results and became somewhat melancholy over the prospect of permanent deafness. After consulting specialists here, she visited in turn Louisville, Chicago and St. Louis, and was assiduously treated in each place by aural surgeons of renown, but without relief. Upon her return home she came to me. I found no perceptible lesion of the ears, the hearing was highly acute. Upon an examination of the nose I observed that the nostrils were exceptionally narrow. A septal spur existed upon one side, and both inferior turbinates were somewhat hypertrophied. A rhinoscopic illumination revealed also two growths that greatly filled the choanae. I told her that I believed these were the cause of the trouble, and that surgical treatment only would relieve her. To this she said, "I visited you two years ago, and you told me the same thing." I did not remember. All the other physicians assured her that her nose and throat were in fine condition, and that "the trouble was entirely due to nervousness." She decided to submit to the treatment. I first removed the posterior thickening, then in due time cut away the septal ecchondroses and amputated the lower border of the inferior turbinated bones. She made a prompt and speedy recovery, now has free breathing space, does not catch cold, and affirms that her ear trouble is entirely relieved.

THE LESSON OF A CASE OF STRANGULATED HERNIA.

BY STEPHEN H. KNIGHT, A. M., M. D., DETROIT.

I report this case not because it developed any new principles or was carried through to a brilliant ending. Quite the contrary; the ending was disastrous. Nevertheless the case emphasizes several principles of treatment which should be accepted without question, but which are neglected over and over again—even despised.

In the first place, a patient with a hernia not constantly held in place by some mechanical support is always in danger. If the hernia is irreducible the danger is increased tenfold.

Secondly, one should never leave a patient without being, as far as possible, reasonably sure of the nature of the trouble. One of the worst blunders one can make, is to mask the nature of a complaint with opium; particularly so is it in abdominal lesions.

Again, a case of hernia suddenly becoming irreducible, or attended by symptoms leading us to even suspect strangulation, should be operated upon immediately that gentle taxis fails to restore it to its proper place within the abdominal cavity.

Case.—Mrs. C., 65 years of age, with an old hernia which had been irreducible for the last five years, while cleaning house and doing other like heavy work, was seized with sudden, sharp pain in the right inguinal region—the seat of the hernia. This sudden attack was followed by vomiting. An allopathic physician was summoned, and administered the customary prescription for pain—a hypodermic of morphine—evidently without having paid much attention to the hernia. She was kept under the influence of morphine for three or four days, during a part of which time she was delirious and at other times comatose; but the vomiting kept up continuously. Another physician was now summoned, but was unable to stop the vomiting. After two or three days Dr. E. J. Kendall was asked to take care of the case, and it was in consultation with him that I saw her. The condition of the woman was anything but inspiring. The vomiting was still present, not so frequent, but fecal in character. The pulse hung around 100, irregular and vicious; temperature subnormal, but had been 99 deg. The extremities were cold and clammy. There was a very marked facies abdominalis. There was no pain in the hernia, simply tenderness upon deep pressure. I made no attempt to reduce it, fearing

gangrene and possible rupture. In the light of subsequent events I am glad that I did not. Dr. Kendall agreed with me that an operation was the only hope at that late day, the eighth or ninth after the accident, a very slim one, indeed.

As soon as possible, preparations were made and I operated at Grace Hospital. The sac of the hernia was quickly reached, and on opening it a small amount of grumous fluid ran out. It was accompanied by a cadaverous odor. A large section of the omentum now presented itself, much adhered to the sac, and constricted at the internal ring. I cut down upon the ring as rapidly as possible, freed the omentum and removed all that portion lying outside the abdomen. It was then there showed a state of affairs such as I had suspected all along. Beneath the omentum and concealed by it had been a knuckle of intestine, gangrenous and torn completely across its lumen down to the mesentery. The contents of the intestines, now relieved from pressure, were flowing freely from the distal and proximal ends. To clamp the gut, remove the gangrenous tissue (a very small piece, as very little of the intestine had been forced through the ring), insert a Murphy's button and press the parts together, took but a very short time. The peritoneal cavity had evidently been fouled by the intestinal contents, and I cleaned it as well as I could, left the portion resected near outside wound, filled around it with Iodoform gauze, and left the gauze out for drainage. The patient took the anesthetic badly from the start, and as soon as any manipulation of the intestine took place went almost into a collapse. The operation was finished in a very short time, the patient hurried into bed, and efforts made to revive her. She rallied somewhat, but never completely, and died a few hours after.

To me it seemed as if a crime had been committed. Had the first physician recognized the conditions so plainly evident to any careful diagnostician the ease with which an operation could have then been done would have insured success. After nine days of vomiting, during which the strain from wrenching must have torn the gut, there was little to be hoped for; yet the operation gave her the only chance.

It is not the operation for strangulated hernia itself that is to be dreaded, but the condition of affairs one is sure to find in neglected cases. In my opinion, in every case where there is a reasonable suspicion that strangulation has taken place immediate operation is demanded.

Obstetrics.

THE THIRD STAGE OF LABOR.

CONCLUDED.

BY R. N. FOSTER, M. D., PROFESSOR OF OBSTETRICS CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

The quoted authorities may be ended by reference to the management of this stage of labor, as taught in the American Text Book of Obstetrics:

"Not the least important of the duties of the obstetrician in the conduct of natural labor fall in the third stage. Upon the skill and attention given to this period the immediate safety of the woman and the rapidity and completeness of her recovery will often in great measure depend."

The work recommends a delay of half an hour for the detachment of the placenta, at the end of which time the so-called Crede method of expulsion is to be used. Traction upon the funis while the placenta is still in utero is forbidden, but not afterwards. The membranes are to be twisted in order to secure their complete withdrawal. Should any remain beyond easy reach—within the uterine cavity—they are to be let alone. Half drachm doses of Ergot may be given with advantage in every case of labor after the complete evacuation of the uterus, but not before.

From the foregoing authorities it will be seen that the problems of the third stage of labor have been the same in all times. Secondly, that the solution of the problems has been attempted in all possible ways. And, finally, that extreme methods are always arising, and are always rejected by experience; the result being the very general adoption by the profession of a conservative middle course. It is to define this course, so far as can now be effected, that this paper is written, and by no means to introduce anything novel or startling.

In marking out a proper course of procedure in obstetrics we are not circumstanced as is the surgeon or the therapeutist, who is always confronted by a pathological condition. On the contrary, half our wisdom is to sit still. In all labors, some of the movements, at least, are quite ideal. In a few cases all are so. The ideal case is the case that needs no interference whatever. Everything takes place spontaneously. The obstetrician's function is then to know that the normal is realized and to fend off impertinent meddling.

An Ideal Third Stage.—Now, in an ideal third stage what would happen? First, either with or a few minutes after the birth of the child the placenta would be expelled from the vagina entire, the womb would promptly contract, and a moderate lochial discharge, continuing for a few days, would really end the process. If this programme is not followed to the letter the case calls for something more than passive observation.

Uterine Inertia.—The earliest trouble encountered is the failure of the womb to contract promptly after the birth of the child, and to persist in its contraction sufficiently to prevent undue loss of blood by the mother. This occurs before any effort has been made by the womb to expel the placenta, and may be repeated even after such efforts.

This contraction we now know how to secure in nearly all cases by kneading and compressing the uterus through the abdominal wall. The hand, holding itself in shape to grasp firmly a ball almost as large as a fetal head, buries itself deeply in the abdominal muscles of the mother, seizes the uterus strongly, crowds it into whichever iliac fossa it lies nearer toward, and holds it in that position, keeping up, at the same time, alternate gripping and relaxation. Sometimes a mere rubbing or gentle massage of the womb with the palm of the hand is enough. We employ more or less energetic methods, according to the exigency. This insures contraction in so large a percentage of cases that it is hardly worth while to say anything further. At all events, firm and persistent contraction of the womb is all that we desire, and that being secured we need only to watch the womb with the hand upon it until the next step in the programme is in order. It is right also to observe that to take note of the pulse is at this time quite as valuable as to keep the hand on the womb—a normal pulse and impending or actual hemorrhage are incompatible.

Expulsion of Placenta.—Having secured uterine contraction the next thing in order is to wait for fifteen or twenty minutes, or even for half an hour, expecting the womb within that interval to resume active expulsive movements for the detachment of the placenta.

We here distinguish two kinds of uterine movement, one of which simply repeats the contractions which close the uterine vessels and prevent hemorrhage; the other expels the placenta. The former is repeated rhythmically for this half hour, without expelling the placenta. We cannot say that it does not detach the placenta. The second movement is more pronounced and energetic, arouses the voluntary powers of the organism, and has an immediate effect upon the placenta, each contraction forcing it down from the cavity and into the cervix, through which it is finally driven. The difference in these two movements may be compared to that between the intestinal peristalsis which carries the contents of the rectum to the anal pouch, but there pauses, and the final movement of expulsion.

We thus wait for the vigorous and expulsive contractions, which, by one or by many efforts, finally empty the womb of its contents.

We know just when such emptying is effected by the diminution in the size of the womb. In ideal cases this shrinks to the size of a large orange, is as hard to compression as a billiard ball, and lies just above the symphysis. The placenta is now wholly in the vagina, or but partly retained, and loosely, in the dilated cervix. It may be removed either by introducing the fingers and seizing the presenting part or by straight traction upon the cord. The latter is the cleaner method.

But here may occur anxious delays. The half hour elapses, but contractions, such as are effective, do not occur. We are then justified in encouraging them by gentle rotary massage of the womb through the abdominal walls; if this is not enough, by grasping the womb and kneading it more energetically. Nearly always this is sufficient; provided that we allow our operations to imitate the rhythmic action of the womb, giving it three or four or five minutes rest after each effort to expel before we repeat our action. This may be continued for another half hour, when, if our action so far fails, the occasion demands more vigorous measures.

Nothing is gained, and something is risked by longer delay. Our resources are still mechanical, not medicinal; least of all is Ergot to be considered. This drug causes very strong and persistent contraction of all the fibers of the uterus, imprisoning securely within its cavity whatever it contains.

Crede's Method.—The Crede method, aided by traction upon the cord, is now in order. We expressly stipulate that traction by the funis should take place at the same time with the firm grasping of the uterus and the forcing down of the uterus into the pelvic cavity, as directed by Crede. The conjoint forces are just so much greater than either force alone, and are less trying to the patient.

Traction upon the funis may be strong, all that the structure will bear, but it must be made in the right direction—that is to say, in the axis of the pelvic canal. This is easy to obtain when the placenta is in the cavity of the pelvis, but when it is still within the uterus and above the brim a little art is requisite. With an assistant to conduct the Crede part of the work the attendant has both hands at liberty, and can easily use them in the proper way.

The cord is wiped dry, and wound about the right hand, which now is prepared to make direct traction in a horizontal line. But this direction of the force is changed by the left hand, the index and middle fingers of which are slipped up the cord within the vagina to the mouth of the womb. Now, while the right hand, by traction, holds the cord taut, the left presses down strongly upon it in the axis of the inlet.

Where the operator is alone this procedure is varied by winding the cord about the right hand so that the two fingers passed within the vagina reach the os uteri, when again pressure is applied in the direction of the superior axis; the left hand meanwhile aids powerfully by external manipulation and pressure. This effort must also be made intermittently, nor ought it to be abandoned because the first attempt produces no apparent result. At intervals of three or four minutes the process is to be repeated.

How long we are to persevere in this way it is not easy to say, exactly, but certainly twenty or thirty minutes is long enough.

Forcible Expulsion.—If still the placenta refuses to descend, no matter what may be the local cause of its retention, the mother ought to be chloroformed, the whole hand introduced into the vagina, the fingers one after another insinuated within the cervix and carried up into the uterine cavity sufficiently far to be able to seize firmly any portion of the placenta within reach. Again, and throughout, pressure is made upon the fundus; then by a rotation of the hand in utero, not by a direct pull, the placenta is detached and brought away bodily. Contraction is to be maintained, if necessary, by the usual pressure and kneading.

These measures will surely be sufficient to obtain the removal of the placental mass. If a dose of Ergot is allowable at any time during labor, now is the earliest possible moment at which it can be properly given—when the womb has been wholly cleared of its contents. But even now there does not seem to be any good purpose to be gained by giving a dose anyway, whether the womb gives signs of undue relaxation or not. It ought to be sufficient to use this drug when perfect contraction cannot be obtained without it. It may be left, also, with the nurse, under proper directions, to be given in the event of excessive flow which cannot be otherwise controlled.

Removal of Placental Fragments.—There remains one further important point to consider: How to obtain the complete removal of the membranous part of the placenta. The retention of fragments of these delicate structures is of frequent occurrence, and the consequences are sometimes hurtful, sometimes threatening, and always undesirable. A fetid lochial discharge is of itself disquieting, and is generally accompanied by symptoms of more or less septic infection; and such disorder is pretty certain to follow the retention of even small portions of membrane. Oftentimes such portions are cast off spontaneously within a day or two, but just as frequently are not.

The Douche, Swab and Curette.—To avoid this evil several modes of procedure have been advocated, all of which possess merit, but none of which, save one, will surely prevent the mischief. That one is the swab, or the curette. But the use of these is undesirable after every case of labor. It must be re-

garded as an extreme measure, to be reserved for special cases, where the necessity is evident, as, for example, when a malodorous discharge, with symptoms of sepsis, is present, two or three or more days after delivery, and vaginal douches do not abate the evil. The speculum, the cervical dilator and the cotton swab are then in order, and will usually do all that is required. But if not, here is the exact place for the curette. And this would be in cases where a portion of a placental tuft is adherent to the uterine wall, rather than a leaflet of membrane.

But what is the best method of operating so as to avoid leaving such troublesome fragments behind? The methods are three or four, chiefly. Introduce the hand always and remove the whole placenta in that way—which practice has been rightly condemned, for although it will avoid this one evil it predisposes to others more formidable. It is violence, pure and simple, and cannot be indulged with impunity.

The next method is not to make any traction a fronte, but to compel the exclusion of the placenta by vis a tergo only. This is also condemned for the same reason as the method just before mentioned. Moreover, this method will not insure us against some of the membranous structures being left behind the body of the placenta in its descent, and being there grasped firmly by the contracted uterus.

Too rapid withdrawal of the placenta by the cord alone predisposes to this mischief. But combined pressure and traction do not.

A third method is to twist the after-coming membranes into a rope, and thus gently withdraw them.

The fourth method is not to twist them, because thus we promote the very evil that is to be avoided, but instead to pass two or three fingers up along the membranes to the os and make gentle, slow traction therewith, in the proper axis.

Now all of these methods are meritorious. But all combined of those allowable will not secure us against failure.

For my own part, I favor the twisting of the membranes into a cord, and the very slow extraction of them by the fingers carried high up as possible. But the method is not always certain of success. We know both at the time and afterwards that sometimes a portion remains to mar our satisfaction.

A New Method Suggested.—I would suggest another method, or rather a variation of the modus operandi. Let the membranes be twisted or not, as the physician may prefer, we may delay effort to extract for a more favorable opportunity. The womb oftentimes closes the internal os with exceeding firmness, grasping even a thin piece of membrane so tightly as to render its removal without tearing quite impossible. Otherwise, the membranes will not be torn, no matter how we extract. Now this strong contraction takes place immediately on the expulsion of the placental mass. But it does not continue.

After a few minutes, say within from five to thirty, the womb is much relaxed. Now, if the retained membrane be tied with a cord, like the cord with which we ligate the funis, and cut off just outside the vulva, leaving a portion of string attached as a secure guide and hold, the whole may sometimes be withdrawn with but little effort when this uterine relaxation has occurred. Experience would be necessary to test the value of the procedure. Even if it fails we are no worse off than before the trial.

We may add to this that after any special interference, such as the introduction of the hand into the uterus, an intra-uterine douche of diluted creoline or some other non-poisonous antiseptic, such as alcohol and water, ought to be used.

After ordinary labors the douche is unnecessary. In a word, it ought to be reserved exclusively for cases which present some special indication for its use. Poisonous antiseptics, such as carbolic acid and corrosive sublimate, are very bad technique; because they accomplish nothing that is not to be attained by the other medicaments and they have often done much harm.

In closing this article it may be pointed out that no single operation or mode of management has been omitted. An attempt has been made to assign to each method its proper place, and to show equally what that place is not. From the absolutely expectant treatment to the earliest and most summary proceeding of all, a place has been found. For in hemorrhage, otherwise uncontrollable, rapid removal of the placenta by the hand is the one true resource And when the placenta is cast off spontaneously in due time expectancy is in order.

BUREAU OF OBSTETRICS.

Homeopathic Medical Society of the District of Columbia.

BY R. KINGSMAN, M. D., WASHINGTON, D. C.

The regular monthly meeting of the District of Columbia Homeopathic Medical Society was held on February 2d, in the parlors of the Ebbitt House, with Dr. W. F. Corey, president, in the chair.

After the reading of reports of committees and the transaction of routine business, the Bureau of Obstetrics, Dr. Z. B. Babbitt, chairman, made its report.

Effect of Labor Upon Mentality of the Child.—Dr. C. A. Davis read a unique and interesting paper under the title of "How Much Do the Mechanical Features of Labor Have a Bearing in Modifying the Individuality of the Child." advancing the theory that pressure upon the cranial bones during its passage through the pelvis had much to do with the future mentality.

Indications for and Use of Forceps.—Dr. H. Krogstadt read a paper entitled "Some of the Indications For and the Use of Obstetric Forceps." He said that, having in the past few years had a number of difficult and complicated labor cases he would present a few, thereby illustrating some indications for the use of the forceps. As a rule he found that a primipara at or over the age of 32 will require forceps. Among the many cases presented, the most interesting was the case of primipara, age 28; he saw her first two weeks before expected confinement, and found her very pale, with a waxen complexion, considerable edema of the extremities, and some tendency to headache. An examination of urine revealed albumin in considerable quantity, and a few hyaline casts. The outlook was grave, but the symptoms seemed to be held in abeyance by treatment. About ten days later a message came to respond at once, as the waters had broken. Arriving an hour later he found there had been no pains, and but very little dilatation. To some degree this case will illustrate the good effects of homeopathic medicine, for within half an hour after administering remedies like Gelsemium and Pulsatilla pains came on regularly.

A violent headache developed, the patient complaining she could not see well and convulsions were momentarily expected. In a short time the headache suddenly ceased and he felt no little relief, for if he could have another hour he expected to be able to use instruments. Within an hour's time, and without any warning, the patient fell on the floor in a frightful convulsion. She was quickly placed on the bed and anesthetized; the forceps were successfully placed, the child was delivered in good condition, and in half an hour from the time the convulsion came on the mother's toilet was completed and she quietly sleeping. No further convulsions occurred, and mother and child have been in good health since.

Prompt aid with the forceps in this case saved both mother and child. The doctor said there has been a doubt in his mind as to how much medicine had to do with bringing on the pains and aiding dilatation. Probably the patient's lax fiber, induced by her weak condition, had much to do with it; he should like to think that the remedies did it all, only they signally failed in cases related where patients were of a tense, vigorous fiber.

The author of the paper did not think any fixed rules could be laid down governing the use of instruments; his experience is that if they must be used it is better to use them early than wait too long. It is a condition requiring art and science to blend in the most perfect manner, if the best results are to be obtained. He would add that no one should undertake to use forceps unless he is ready to make any repairs of tissue that may be necessary. As to the preparation of the patient, his practice is, as far as possible, to carry out surgical cleanliness.

Incomplete Abortion.— Dr. Grace Roberts presented a paper on the "Treatment of Incomplete Abortion." She said that an abortion may be said to be incomplete when the uterus is left imperfectly evacuated. Her early instructions and subsequent reading had led her to regard a miscarriage as placing the patient in greater danger than did a birth at full term; but a discussion, called forth by the reading of an able paper on miscarriage by the chairman of this bureau, and participated in by some of the ablest members of this society, gave her a broader view and clearer insight into a subject that had hitherto given her much anxiety. Were we always called early to this class of cases, and did we do our duty as physicians, this paper would be quite unnecessary; but, unfortunately, we are not.

The treatment in these cases is of two kinds, medical and mechanical. When we are convinced that the uterine cavity is not completely evacuated, and that whatever it contains acts as a mechanical irritant, and trust to medicines only, we are wrong. If the hemorrhage is inconsiderable and the patient's strength is good we may begin with medicine; but if, after a reasonable time, we get no response, a thorough examination should be made, and if necessary the uterus be evacuated. The doctor then reported two cases of miscarriage to which she had been called, which were successfully treated in the way indicated above.

Simple Mechanics in Obstetrics.—Dr. Z. B. Babbitt read a paper on the "Simple Mechanics in Obstetrics." He said that the successful general surgeon must be of an ingenious turn of mind, and what is true of the general surgeon is also true of the obstetrical surgeon. He would much rather trust an obstetrical patient in the hands of a physician who cannot name a nerve or bloodvessel in the body but who has the general mechanical ideas of the process of labor than in the hands of the polished theoretical man who lacks the mechanical ideas. After giving the different measurements of the pelvis and the various position of the head during labor he went on to say that the exact position of the child should be determined by digital examination early in labor; it is not enough to make out that the head is coming first, as some physicians say, but we must find out early the exact position of the head by locating the suture, fontanelles, nose, etc, This is often difficult, but is very important. Many labors could be shortened very much by early recognition of malpositions and slight manipulation, so as to bring the head into proper relations before it enters into the basin of the pelvis. In a large majority of cases the head presents L. O. A.; next commonly in R. O. P.; third, and much less frequently, in R. O. A.; and rarely in L. O. P.

In a majority of cases of posterior presentations the occiput will rotate in front. This is one of the most important positions, calling for early diagnosis and slight assistance in converting a posterior into an anterior presentation. Great care should be used in making examinations of a face, as more than one eye has been dug out by the physician trying to introduce the finger into a supposed rectum. The one important thing for us to remember is the comparative diameters, and to always try to bring the long diameter of the head through endways. What is true of head and face presentations holds true of the after coming head in breech presentations. Flexion and not extension should be encouraged.

Preventive Medicine.

A NUT FOR THE ANTI-VACCINATIONISTS.

BY F. H. ORME, M. D., ATLANTA,, GA

In Harper's Monthly for February, 1897, appears an excellent article entitled "Hygeia in Manhattan," by Richard Wheatly, from which I quote some passages which it would be well for the health officers of all municipalities to ponder:

"The Health Department (of New York) is more than a match for small-pox, which, prior to 1877, was one of the worst contagions in respect of numbers and mortality. Its death rate in 1875 was 122.55 per 100,000 people; in 1884 zero. Since then it has oscillated between the extremes of 6.43 and .06. Inspectors of vaccination have reduced the number of scarred faces formerly seen in the streets, and would reduce it still further if vaccination were compulsory. Re-vaccination after a term of five to ten years, seems to bestow absolute protection. The pure, carefully selected bovine virus, liquid or otherwise, produced in the laboratory of the department, is used exclusively, and its surplus sold to applicants at a fixed price. * * * A new needle with freshly charged quill for each, is used for every operation, to avoid the possibility of infection or blood contamination. * * * No pupil can legally attend a public school, nor any teacher be employed therein, who has not been vaccinated. All must present certificates of vaccination by medicos in good standing."

Here is the sort of nut, of which there are many, which the anti-vaccinationists, who are fortunately few and becoming fewer, do not attempt to crack.

Ophthalmology.

NOTES ON THE TREATMENT OF CATARACT.

A short time ago the editor of this journal met with a case of cataract in which one eye had been operated upon with only partial success, and the other was being made ready for operation. The patient, a feeble lady of advanced years, desired to avoid further surgical treatment if possible, and having seen something in the journals, particularly Boericke & Tafel's Recorder, about the new Trinidad remedy, Cineraria maritimae, letters were written to Dr. F. Park Lewis, Buffalo, and Dr. A. B. Norton, New York, asking for information on the new remedy. Their answers are given as practical suggestions about this drug, and also as containing general suggestions which cannot but be of benefit to the general practitioner under similar circumstances.—Ed.]

Note From Dr. Lewis.

Some six or eight years ago a letter appeared in one of the journals, I think it was Boericke & Tafel's, describing the experience of a physician on the Island of Trinidad, who was said to have cured himself in a case of well advanced cataract by the use of the extract of the Cineraria maritimae. I immediately wrote to the doctor, whose name for the moment has escaped me, and in course of time, and at a considerable expense, succeeded in obtaining some of the preparation. I used it very faithfully on cataract cases under my care for a long time, but without any appreciable results. The matter was then laid aside and other methods attempted, until, within a few months, the drug has been so exploited through our journals that I thought I would give it another trial, sent for it, and have used it, but without results. A patient of mine, an old gentleman, sent for some of the same drug and used it in his own case, at first with apparent benefit; but next Wednesday I expect to operate upon his eyes for the purpose of removing the sclerosed lenses. My experience, therefore, does not warrant me in the belief that the drug is of much value; possibly a wider experience might change this opinion.

I do believe, however, that if an eye can be treated before a cataract has advanced too far, it is possible in many cases to do much to prevent the progress of the cataract, and in cases of general diffused haziness in which the lens fibers have not become atrophied to restore an amount of transparency; this cannot be done, however, on a routine plan; the whole condition of the patient must be carefully studied.

Of prime importance is it that the refraction be corrected; if astigmatism be present the strain from which the accommodation is in this way relieved will in itself do much to improve the nutrition of the lens.

The next important element is regular and systematic exercise of the ciliary muscle; the contraction and expansion of the ciliary muscle with the fresh blood supply, brought to the internal circulation of the eye, means better nutrition. A cataract is simply lenticular degeneracy; sclerosis; mal-nutrition.

The next important element in treatment is electricity carefully employed. The negative galvanic current, or better still, the sinusoidal current, which I am lately employing, has a profound influence on the nutritive processes.

But we must go even further back than this. In a paper written several years ago on "Etiology of Cataract" I pointed out the coincidence of gastric derangements and lenticular opacity. Not only is it necessary that the local nutrition should be looked after, but the source of all systemic nutritions must be carefully managed. Digestion and assimilation must be improved if deficient. Cataract, like grey hair or atheromatous arteries, is an evidence of old age, and it is frequently manifested many years before its time. Carefully chosen remedies which cover not only the eye symptoms but those of the entire economy are of great value. I have seen Lycopodium and Sulphur produce very marked results. By individualizing the patient we can do much to restore diminished functional activity in the eye, as in other structures of the body.

Very sincerely yours,
F. Park Lewis, M. D.
188 Franklin St., Buffalo.

Note From Dr. Norton.

In reply to your favor of the 3d beg to say that the remedy you speak of, for cataract, Cinneraria maritimae, which was so highly lauded when it was first brought out, has had its day. I do not believe that the remedy is of any service whatever; at least I have used it and have been unable to detect any favorable results.

There is nothing that can be done for these cataract cases better than careful homeopathic prescribing, and by the use of proper homeopathic remedies I believe we can, in many instances, hold the cataract in check. We cannot remove an opacity of the lens which has already occurred, but we can keep it from progressing; at least I have done so in many cases over a period of five, ten or twenty years.

In my experience the most serviceable remedies have been Causticum, Phosphorus, Iodoform, Kali carbonicum, Sulphur, Nux vomica.

You will have to select the remedy, of course, upon general indications.

A. B. Norton, M. D.
No. 16 West 45th St., New York.

Microscopy.

MICROSCOPIC EXAMINATION OF DISCHARGE IN SUSPECTED GONORRHEA.

BY GEO. W. HOPKINS, M. D., CLEVELAND, O.

In 1879 Neisser found in the secretions of gonorrhea and purulent ophthalmia the organism which bears his name, and which is now generally regarded as pathognomonic of gonorrheal infection. The gonococci of Neisser are generally observed as small oval or round granules, usually grouped in twos or fours, and bearing resemblance to a German biscuit or "semmel." They are found enclosed within pus corpuscles and epithelial cells—also in free pus coming from the urethra or vagina. They are even noticed at times in urinary sediments, particularly when such complications as prostatitis or periurethritis exist. The ability of the gonococci to penetrate cells and multiply in them is very characteristic. They thrive best on mucous membranes possessing cylinder epithelium or something allied thereto, as in the urethra, uterus and conjunctiva. Another characteristic is that they never penetrate below the epithelial layer, the deeper infection, as in bubo, being due to the pyog-

enic germs which are also present. As the disease progresses numerous other organisms become mixed with the gonococci, hence the best specimens for examination are secured during the early days of the disease. In catarrhal urethritis only the pyogenic organisms are found.

Catarrhal urethritis is so exceedingly common, coming, as it does, from such numerous causes, i. e., contact with menstrual and abnormal vaginal discharges, passage of gravel, catheterism, etc., etc., and is so frequently confused with gonorrhea that an absolutely accurate method of diagnosis is greatly to be desired. And such we find in the microscopic examination of the discharge. Without it there are many cases which defy the skill of the most expert diagnostician. An accurate decision is of great importance for many reasons. The medico-legal aspect of these cases is a serious one. The writer has been called upon by victims of urethritis for information as to the existence of grounds for divorce on various occasions. Fortunately, no family dissolutions have as yet occurred as a result of the examinations made. Then, of course, the treatment and the prognosis always depend somewhat upon a correct diagnosis. The general management, too, in these cases is highly important and depends largely upon the diagnosis.

The tendency to take too narrow a view of the infectious character of gonorrhea is well illustrated by a case recently observed. A prominent business man, of unquestionable character, consulted the writer about a urethritis from which he had suffered for several days and which the microscope showed to be gonorrheal in character. Appropriate treatment by irrigation and the indicated remedy cured him in a short time, but about this time a daughter, eight years of age, commenced to complain, and was found to be suffering from a most disagreeable and obstinate gonorrheal vaginitis. Careful investigation showed that the infection was due in both instances to the carelessness of another male member of the family. Here is an example of what proper management might have avoided.

Method of Examination.—The method of examining discharges for gonococci is extremely simple.

A drop of the discharge is spread in a thin film on a cover glass, and allowed to dry for about ten minutes. It is then passed, "smeared" side up, three times through the flame of an alcohol lamp or Bunsen burner and stained with a solution of fuchsin, without heating. The excess is then removed by washing with water, and the cover glass dried between two layers of filter paper and mounted in a drop of water. As before intimated, the most satisfactory examinations are made early in the disease.

The Colleges.

THE WINTER AT PULTE COLLEGE.

Pulte Medical College approaches the close of the year with a graduating class of eighteen, and an enrollment in the undergraduate classes quite up to the expectations of the faculty, who had adopted the four-year course, and had put it into operation as soon as the American Institute of Homeopathy advocated the plan.

The clinics have been well attended, and the clinical staff have worked faithfully to keep the clinic up to its fullest capacity and to maintain among the people a feeling that "good work and courteous attention" was theirs in return for appearing regularly before the class.

The character of the cases as to types of disease has, of course, been varied; but reports show that they have been of the types with which the physician must meet in his regular work. This means that functional troubles have been prominently presented to the end that the graduate may very early learn the difference between theory and practice. Every physician knows that fully three-fourths of his work is in functional troubles, and that the text books give the young doctor but little help during the seasoning period between graduation and the time when he shall have got firmly upon his professional feet.

During the winter no changes have been made in faculty assignments of work; except for sickness few missed hours have been recorded.

Surgical work at the Ohio Hospital for Women and Children has formed an interesting and instructive feature, as usual, and the future opens with Pulte forging ahead with vim and vigor, in the hands of a faculty working to the end that this medical community and the medical profession at large may feel the sustaining influence that a medical college represented in the American Institute of Homeopathy must always give.

Cincinnati, March 15. T. M. Stewart, M. D.

SATISFACTORY REPORT FROM LOUISVILLE.

In reply to the Medical Century's favor of March 11th, I take pleasure in saying that the Southwestern Homeopathic College began the term of '96-97 with thirty-eight students, the same number we had the year before, having taken in just as many new students this year as we graduated last. We have, therefore, held our own, despite an election year and the hard times. We feel satisfied with our present class, although correspondence had led us to look for a larger one. Many students with whom we had corresponded, and who had even gone so far as to forward their credentials, were so affected by the election and financial matters that they were forced to postpone their attendance. We hope to see such students and others next fall. The Southwestern has a large and an almost exclusive field and we have no doubts about our results.

Of our present class, fifteen are women. All the students are here for business and, consequently, are earnest and persistent in their work. Students as a class are hypercritical, disposed to find fault. We overcome that disposition by giving them plenty to do, so that any complaint must be of overwork. At present the different courses are winding up preparatory to examinations, beginning Monday, March 29th, and everything is hustle and bustle to get through by that time.

The facilities at the Southwestern have been reinforced by the establishment of a thoroughly equipped infirmary in the college building. This is under the management of the German Methodist Deaconesses' and Orphans' Home Association, which has hospitals in all the more important cities. Four trained nurses reside at the college, where we have ample facilities not only for taking care of our clinical cases, but also for receiving pay patients.

Our commencement will be held on Tuesday, April 6th, at 2:30 p. m., when we will graduate an even dozen students. We aim to locate our graduates, so far as possible, in Kentucky and the south. There are splendid fields waiting for the right men. Kentucky needs reinforcements.

In conclusion, I would say that we look upon this as our critical year and have weathered through it much better than many older institutions; and from this on we feel that we have only to "attend to our business" to add fuller success to that which we have already had.

Allison Clokey, M. D., Registrar.

Louisville, March 13, 1897.

THE CONDITIONS AT ANN ARBOR.

The number of students who have registered in this college is fifty-two; who have paid their fees, forty-eight. Last year the number was twenty-seven; the year before, seventeen.

The number who will graduate is eight. Last year's class numbered six; the year before the number of graduates was one.

Of the graduating class, three are graduates in old school medicine.

The number of freshmen is twenty-one. Last year the number was eleven; the year before the number was seven.

The receipts at the hospital have been as follows: November, $579.25; corresponding month last year, $204.45; December, $348.27; corresponding month last year, $133.25; January, $578.11; corresponding month last year, $334.60; February, $683.60; corresponding month last year, $222.25.

These figures are submitted by the superintendent of the hospital.

The average number of patients in the hospital since the opening in October, the house being closed when college is not in session, is twenty-one. These are all subject to the observation of students, making the hospital a clinical laboratory rather than a hospital, in the ordinarily exclusive sense. The hospital is a beautiful building, pleasantly situated and perfectly equipped.

The work done by the senior and junior classes is as follows: Materia medica, three hours a week; practice, three hours a week; nervous diseases, one hour a week; surgery, two hours a week; minor surgery, one hour a week; obstetrics, two hours a week; gynecology, two hours a week; eye and ear, two hours a week; nose and throat, one hour a week.

Of clinics we have surgery twice a week, three to four hours; practice once a week, three hours; nervous diseases once a week, two hours; gynecology twice a week, four hours; eye and ear twice a week, five hours; nose and throat twice a week, one hour.

The freshmen and sophomores are occupied with eighteen hours per week laboratory work; ten hours per week lectures in the subjects of anatomy, physiology, bacteriology, chemistry, pathology, histology, hygiene, pharmacology and the various other scientific subjects.

The prospects for the future are, as the freshman class of last year has been increased by ten, that the increase will continue until the classes will average about thirty-five each. A college having from one hundred and thirty to one hundred and forty students is a prosperous college. There are but five homeopathic schools in the world having more than one hundred and forty students each.

The number of clinical cases that have been treated at the hospital during the past five months is four hundred and fifty-three. Five babies have been born in the house during the session. Nearly every variety of disease admissable to a general hospital has been presented to the classes.

There are two sources of clinics. A considerable number are sent by physicians throughout the state. A very much larger number than one would suppose drift into the hospital of their own accord from all parts of the country. The university hospitals have a pretty wide reputation, and very many patients seek consultation of the staff of their own accord.

W. B. Hinsdale, M. D., Dean.

Ann Arbor, Mich, March 13th.

AN OUTLINE OF THE WORK AT IOWA CITY.

Our class numbers seventy, in four classes; seniors, eighteen. Work, as in all good colleges, with particular attention to laboratory work of various kinds. Two years in pathology and bacteriology; one year in histology; one year of embryology; three years of chemistry. The laboratories are very large, and fully equipped, the chemical laboratory costing some $60,000. In the laboratories each student has all the appliances, microscopes, etc., and is obliged to identify morbid and normal sections, analyze unknown compounds and mixtures, etc.

The hospital is under the same roof with the college, with a capacity of fifty-four beds, with a beautiful amphitheater. There are surgical, gynecological, medical, eye and ear, nose and throat, and obstetrical clinics held weekly. All the clinics are full, and there are few operations that have not been made before the class. The cases presented up to date were four hundred and sixty-six, with a mortality of 2.57 per cent.

The nurses' training school is very fully organized, and graduates ten nurses a year. The course is three years; one theoretical, and two practical.

The faculty of instruction embraces five professors and four assistants in the homeopathic medical department; four professors, three lecturers, and two demonstrators in the medical department. In the scientific department one professor, and one each in the dental and law departments.

The conditions of admission are the same as in the collegiate department; that is, a high school diploma from a scheduled school, including at least one year's Latin, or an entrance examination equivalent to the passing examination of such school. The admissions are granted by the university examining committee, the president and some of the collegiate professors. The faculty of this department do not pass upon entrance qualifications; they simply grade students who are admitted. That is, applicants are admitted to the university by a university committee, and graded by the faculties of the departments which they enter.

James G. Gilchrist, M. D.,

Iowa City, March 12, 1897. Registrar.

A SUCCESSFUL WINTER AT HERING COLLEGE.

Hering Medical College was organized during the summer of 1891, and in October of the same year unfolded the banner of "Hahnemannian Homeopathy" and opened its doors as a competitor of the older colleges. Its inception and organization were due neither to thwarted ambition nor a desire for personal aggrandizement, but to a realization of the fact that the homeopathy of Hahnemann and Hering—the homeopathy which had won the glorious victories over allopathic crude dosage and empiricism—the homeopathy which had fought its way foot by foot against

the sneers, calumnies and desperate opposition of the "old school" until it reached success in the confidence and respect of the public at large, was no longer taught in its purity as we understand it in our medical colleges.

It stands upon the platform of Hahnemannian homeopathy, drawn from the Organon, taught from the rostrum, exemplified in the clinic and at the bedside, while the success with which its efforts has been crowned bears witness that there was both a need and a demand for instruction in the homeopathy of the fathers.

During the summer of 1896 a new and thoroughly modern college building was erected at 3832 and 3834 Rhodes avenue, giving much more room and vastly increased laboratory and clinical facilities. The teaching corps numbers thirty-five, and the course of instruction, now drawing to a close, while wholly practical, has been unusually comprehensive. In minor surgery, applied therapeutics and obstetrics (among out-patients), the students have had an abundance of practical personal work under competent supervision, giving them a valuable opportunity of carrying the theory of the lecture room into practice at the bedside.

The annual commencement to be held at the Grand Opera House, April 9th, will mark the close of the most harmonious and successful year in the history of the college, and gives promise of continued prosperity. Our graduating class is a good one, and will number about twenty.

H. C. Allen, M. D., Dean.

Chicago, March 23, 1897.

THE UNIVERSITY OF MINNESOTA COLLEGE OF HOMEOPATHIC MEDICINE AND SURGERY.

Mentally, physically and numerically we have a better class than ever before. Every member of the freshman class, with one exception, is either a graduate of a medical college or a high school. We shall probably graduate ten or twelve students in June.

Our clinical facilities are excellent, surpassing those of previous years. We have a large dispensary and members of our faculty hold positions upon the staffs of the City, St. Luke's and St. Joseph's Hospitals, St. Paul, and we have a separate homeopathic staff at the City Hospital, Minneapolis, on which we are well represented. These several institutions offer very fine facilities for clinical work, and as we have small classes we are able to give each student careful and individual instruction. Every member of our teaching corps has been zealous and faithful in the discharge of his duty.

The close association of the old school faculty with ours has, I believe, a mellowing influence upon the former and a liberalizing one upon the latter. The relations of the faculties have always been most cordial, entirely free from friction. The purpose for which we are all striving is to turn out thoroughly qualified practitioners of medicine.

A. P. Williamson, M. D., Dean.

Minneapolis.

FROM THE DENVER UNIVERSITY MEDICAL SCHOOL.

There is no department of Homeopathy in the University of Colorado. There is simply a school of medicine, in which the materia medica as well as the therapeutics of both homeopathy and allopathy are taught to all students alike. We deliver seventy lectures each school year on both systems of medicine to all students except freshmen. At the end of the junior year each student is examined in the materia medica of both schools. At the end of the senior year all are examined on both systems of therapeutics. No one can graduate who has not passed a satisfactory examination in homeopathy, and the homeopathic professor is the sole judge in regard to the student's efficiency.

This year we have thirty-one in the senior class, the largest number since the existence of the school. We also have the largest freshman class of any year thus far. The number of students in the university has increased fifty per cent in two years.

The income for the maintenance of this university is from the following sources, viz.: first, a fixed mill rate on all taxable property; second, special appropriation from the legislature, and third, a small tuition is charged the students. The university recognizes no homeopathy and no allopathy among the students, only students of medicine. The harmony among the students is perfect. Discord in the faculty, between the two schools, is unknown, and all are on equal footing.

The hospitals of Denver, to which students of this school have access, accommodate seven hundred patients. At the County Hospital (the general hospital of Denver) Dr. N. G. Burnham treats the homeopathic patients, and gives clinical instructions. The university also has a free homeopathic dispensary, at which the following physicians give clinical instruction:

N. G. Burnham, M. D., diseases of the chest; G. S. Peck, M. D., eye and ear; E. G. Freyermuth, M. D., diseases of women; S. F. Shannon, M. D., S. B. Anderson, M. D., medicine; C. N. Hart, M. D., J. M. Walker, M. D., surgery; J. B. Kinley, M. D., J. Eisenstadt, M. D., skin and venereal diseases.

There are also several other institutions to which students of this university have access.

J. B. Kinley, M. D.

Denver, Colorado.

THE YEAR'S WORK AT BOSTON.

The Boston University School of Medicine is just beginning the third term of a most successful year. Dr. I. T. Talbot, for so many years the dean, is spending the winter in Europe and although the school is deprived of his ever watchful direction so securely has he laid its foundations and so strong and prosperous has it grown under his fostering care that he can now leave much of his work in other hands. A most efficient assistant is found in Dr. John P. Sutherland, the registrar, upon whom falls nearly all of Dr. Talbot's work. The work of the winter has gone on with a remarkable degree of smoothness, and a spirit of co-operation and good-will exists between every member of the faculty and the students.

The four years' course is fully instituted and meets with favor from professors and students. It has passed the experimental stage; it has been tried in the balance and not found wanting. It is not a question of where to find courses and studies to take up the time of a four years' course, but to find time to include and improve the necessary courses. If it were to be left to vote today hardly a student would consider a return to a three years' course as possible. The number of matriculants has increased to one hundred and ninety-eight this year. Dr. Sutherland expressed the gratification of the

faculty at the increasing high standard in the fitness of the new members for the study of medicine. Many have the degree of "A. B." or some similar degree, others have pursued a special course of study in some college, technical school or preparatory school, and not a few have had the discipline and training given by teaching. This high quality among the new students makes it possible to increase the requirements all along the line.

The graduating class numbers about thirty-five and includes on its roll six degree men, several who have done preliminary work and several teachers.

In some of the departments the work done has been very noteworthy and none more so than in that of physiology. It is along the line of laboratory work that the course has been improved. Here the student is obliged to set up his own apparatus and perform original experiments. Much money has been expended during the past year in purchasing new materials and instruments for this department. Comparing course by course there is but one medical school in the country, that of Harvard University, where the work is of the same standard.

In the pathological laboratory the work in X rays has overshadowed the advancement along other lines of work. Some of the skiagraphs taken here have been of great interest and the machine does work in a two or three minutes' exposure, which is superior to that done by the majority of machines in half an hour.

A most marked advance and increase in requirements has been made in the course on sanitary science. The course this year has been extended to include foods, food values and chemistry, hygienic surroundings, sanitation, infectious and contagious diseases with their causes and prophylaxis, and disinfection.

Perhaps the most novel course is a new one in this school, and so far as can be ascertained is included in the curriculum of no other medical school. It is a course in medical gymnastics. It is not a course of purely didactic lectures, but the class has visited the Boston Normal School of Gymnastics and there seen the classes illustrate the "Swedish Method;" they have seen classes of children go through the German gymnastics in the German gymnasium of the city; Mr. Roberts, director of the Y. M. C. A. Gymnasium, has come to the school and given a practical illustrated lecture of his methods, giving especial attention to the "home movements" and features. Mr. Collins, the director of the Boston Normal School of Gymnastics, after the class has visited his gymnasium, came to the college and answered questions, and explained the Swedish method as it was seen by the class and as it was used in Sweden. Arrangements were made by which the women members of the senior class received a course in Miss Allen's Gymnasium, which is the oldest women's gymnasium in New England. Other systems are illustrated and shown by visits to the Posse Gymnasium, the Emerson School of Oratory, and others. The lectures by Dr. Howard have been mainly devoted to pointing out the difference between the various methods and, with the aid of a model, showing wherein the different movements and methods exercise particular muscles and groups of muscles. The senior class to whom this course is offered have entered into the spirit of the work so that its success and great value are assured.

The materia medica department has been strengthened by the addition of a sophomore course, which will enable them to take advantage of abundant clinical material earlier in the junior year than has been possible in the past.

The course in gynecology has been extended during the past year, particularly along the lines of clinical work. The juniors have a course of lectures and clinics twice a week, in sections. The seniors are under the direct supervision of Dr. Alonzo Boothby, and their work consists in lectures, informal talks, examination of patients and clinical work under four assistant instructors; also there are operations at Dr. Boothby's Hospital, and each student has an opportunity to perform at least a part of some minor gynecological operation. In addition to the above work fortnightly quizzes are held by the professor.

In obstetrics the clinical material has been very abundant this winter; some weeks the students on obstetric duty at the dispensary have had ten and eleven cases to attend and during the last quarter they averaged over one confinement a day. This work is done by the senior class, two of whom go on duty at the dispensary, for a week at a time, in rotation.

The department in surgery has been well supplied with clinical material, nearly three hundred operations being offered in the hospital clinics during the last three months of 1896, and it probably will not be decreased during the first quarter of this year. This is in addition to the surgical department of the dispensary, where almost every day twenty or thirty cases appear for surgical treatment. Many rare cases have been seen, and during the last quarter a surprising number of laparotomies have been shown in Dr. Emerson's clinic.

As a whole, the clinical material at the disposal of the students is some twenty thousand cases a year, among which almost every form of disease is illustrated.

The work done in the dispensary as a whole is a continued increase over that done the preceding year, and it has been found necessary to increase the number of internes during the summer months from four to six, four men and two women during the vacation and four men during the school year. Additional rooms have been devised and the question of enlarging the building is being seriously agitated.

At the hospital the capacity has been severely tested at times, and there is a long waiting list. The generous donations during the past will enable it to enlarge its work and increase its usefulness. The exact sum of these donations cannot at present be given, but they will be at least in the vicinity of one hundred and fifty thousand dollars, if not two hundred thousand.

Mention must not be forgotten of the advantages to the students from the meetings of the Boston Homeopathic Medical Society which are held at the school every month and to which every student is welcome.

In short the Boston University School of Medicine and allied institutions are passing through the most prosperous and successful period in their history.

Boston, March 13th. H. O. Spalding.

CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

The twenty-first annual session of the Chicago Homeopathic Medical College was completed March 23, 1897, thus completing, all things con-

sidered, the most satisfactory session the students as well as the directors have ever enjoyed.

The instruction given in this institution is arranged in four entirely distinct and separate annual courses of six months each. This has been found to be more thorough and entirely satisfactory to the student and teacher. The practical methods of manual training are applied as far as possible in all departments. The new building contains the laboratories of chemistry, histology, pathology and bacteriology which have proven to be all that was anticipated for them, and judging by the interest taken in them by the students these additions are destined to make the college up-to-date.

The reference library and the medical reading room have received more attention and have been found to be quite a source of satisfaction to the students.

During the past term the college has supported sixteen weekly clinics in its amphitheater, besides sixty-four weekly sub-clinics, and also has utilized for clinical instruction the material in Cook County Hospital. Over thirty thousand cases have been treated at the ambulatory clinics in the dispensary department and at the college hospital during the year.

The annual class numbers one hundred and ninety matriculants, of whom one hundred and fifty-five are registered in the regular course and thirty-five in the post-graduate course. It should also be mentioned that the entire junior class is composed of college graduates. The graduating class of '97 numbers fifty-seven members, seven of whom received the marked distinction of having the degree conferred cum laude. E. L. Smith, M. D.

Chicago, March 13.

A CLEVER REPORT FROM DENVER.

The Denver Homeopathic Medical College will close its third annual session on Wednesday, March 31, and the commencement exercises will be held on the evening of April 2d, following which a banquet will be given by the graduating class to their friends and the faculty.

The school year has been a very successful one in all respects. Forty students have been in constant attendance and a high standard of instruction has been maintained throughout the year. The faculty is thoroughly harmonious and united in a determined purpose to make this college equal to the best.

The clinics have been unusually large and the didactic work has been fully illustrated by practical clinical demonstration. The hospital has proven successful beyond the most sanguine expectations of its friends. Already plans are being drawn for a new hospital and college, and it is the purpose of the directory to have the buildings completed in time for the opening of the next session in October, 1897. The permanence and future success of the Denver college and its hospital seem to be assured beyond any reasonable doubt. Its laboratories and clinical facilities will be of a character to satisfy the most critical. The four year course will be faithfully carried out and no expenses will be spared in supplying the student with every adequate means of instruction.

S. S. Smythe, M. D.

Denver, March 13.

THE "OLD COLLEGE" AT CLEVELAND.

The Cleveland University of Medicine and Surgery has just closed its forty-eighth annual session with a graduating class of fifty-three—one of the largest classes in its history. The work of the year has been eminently successful, being marked by exceptionally good work on the part of the teaching corps, as well as by the classes themselves. Nobody has "kicked," because everybody has been satisfied that the mills have ground exceeding fine. The chemical, bacteriological and physiological laboratories were improved the past year; an extra $10,000 was added to the endowment fund by Mrs. Bradley, who had previously given the college $15,000; the medical and surgical clinics were better supplied than ever; while the Maternity Home furnished upwards of eighty cases for the benefit of the seniors, thus giving them every advantage by way of instruction. On the whole, we are ready to accept congratulations.

W. A. Phillips, M. D.

Cleveland, March 13.

KANSAS CITY HOMEOPATHIC COLLEGE.

It affords me great pleasure to advise that our classes for the year 1896-97 are very thorough in their work; they have been regular in attendance and are fully imbued with the high requirements of the day. Our whole number of students is about fifty; the graduating class, composed of fifteen, is the best prepared to enter on the arduous duties about to open before them this college has ever authorized to practice. They can pass any examination of any state. They will be a credit to homeopathy.

The faculty is now the strongest we have ever had; they have, without exception, been unremitting in the discharge of their duties.

The clinical work has grown to such a degree that all departments are fully represented.

The future prospects of this school, like all the other medical colleges in Missouri, are dependent upon the character of the legislation effected, and the complexion of the State Board of Health. Every medical college in Missouri has been severely handicapped by the arbitrary and autocratic attitude of our state board toward the colleges of this state.

The present governor of Missouri is a homeopath, and we feel sure that he will, to the full extent of his authority, protect our interests. We believe that, inasmuch as the legislature is about to adjourn, no bad laws are likely to be enacted.

Wm. Davis Foster, M. D.,

Kansas City, March 13.

THE NEW YORK HOMEOPATHIC MEDICAL COLLEGE.

This is our odd year or transition year from the three to the four years' course. Under ordinary circumstances, therefore, we would not have any graduating class this spring, but students from other colleges and a few that had not completed, for one reason or another, their previous courses, make up a small class of nineteen.

The new hospital has been used to its full capacity during the college season and has been of great benefit to the students. Cases have been many of them acute and just the sort of cases that the general practitioner is likely to meet with wherever located. The hospital has every facility of a modern institution, and has met with very great success so far in its work, both as a charitable institution and as a medium of education for the students. The surgical hospital has also been overcrowded with patients representing nearly every kind of surgical diseases or accidents. These the

graduating class and many of the students in the other classes have been able to study, and also to witness the operations.

The students have also had the benefit of the enormous clinical material in the Metropolitan Hospital, which is, as you may know, the largest homeopathic hospital in the world, something like eight thousand patients being treated there annually, and many of the cases requiring surgical operation or treatment. This is one of the three city hospitals and has its pro rata of patients cared for by the city, but is exclusively under homeopathic management and treatment. As is well known, I believe, its success as compared with the other hospitals supported by the city, is quite remarkable and in favor of the homeopathic institution.

We are very glad that you are calling attention to the educational institutions of our school. They all deserve the more general and unanimous support of the members of our school. It is no uncommon thing to hear of the sons, as well as the students, of homeopathic physicians taking their medical courses in old school institutions which do not have any better and sometimes poorer advantages than are enjoyed by our own colleges. We may claim, I think, for the New York Homeopathic College, at the present time, that its course is equal and in some departments superior to any other medical college in the state. The departments have been perfected during the last two years so as to reach the highest practical standard, and it is the intention of the faculty to keep abreast, if possible, with all other institutions in the state.

H. M. Dearborn, M. D.

New York, March 19th.

THE "NEW COLLEGE" AT CLEVELAND.

The Cleveland Medical College has just turned out forty-nine graduates to shift for themselves and earn imperishable fame and fortune. A fine class, containing a more than usual quota of ladies; said to have been the largest class by one that has ever been graduated from the homeopathic schools of this city; and it was believed to be the largest of any of the schools in Cleveland this year, old or new. On the evening of the 16th of March, pursuant to the custom of this college, being the night before the graduation exercises, the faculty gave the classes a banquet at the Forest City House, to which something like two hundred persons sat down. After the menu—which is French for bill of fare—was disposed of to the queen's taste, Judge H. C. White, president of the college corporation and professor of medical jurisprudence, opened the feast of reason by introducing a man who needed no introduction, namely, Dr. G. J. Jones, dean of the faculty. Dr. Jones acted as toastmaster, and was in happy mood for the occasion. It is not always possible to get Prof. Jones to a banquet or a society meeting; so that his appearance is to be construed as an honor. The several classes answered to their respective toasts, usually two to a toast. One lady, Miss Josephine Danforth, had part of the toast for the graduating class and acquitted herself well. After the classes had been properly disposed of, "The College" was responded to by Judge White; Prof. H. H. Baxter responded to 'The Faculty"; "The Medical Profession Viewed by an Outsider," found an able speaker in Rev. Mr. Applegarth. On the following night, as already stated, the commencement exercises took place. The winter has been a good and successful one with the "New College" at Cleveland.

Frank Kraft, M. D.

Cleveland, March 22.

Associations.

AMERICAN INSTITUTE OF HOMEOPATHY. REPORT OF LOCAL COMMITTEE OF ARRANGEMENTS. BUFFALO MEETING, 1897.

The local committee of arrangements for the next meeting of the American Institute of Homeopathy, which meets in Buffalo, New York, June 23 to 30, 1897, have made much progress with their preparations.

Buffalo, being situated at a point near the middle west and readily accessible by numerous lines of railway, east and west, presents favorable opportunity for a large attendance of the profession.

The local committee have chosen Unity Hall for the meetings of the Institute. This hall, with its numerous connecting rooms and large auditorium, furnishes most admirable facilities for the work of the Institute, including accommodations for its numerous sectional meetings and committee rooms. It is located on Delaware avenue, the chief resident street of the city, and within two or three squares of the leading hotels.

Ample hotel accommodations will be at hand. The Iroquois Hotel, which will be the official headquarters, charges $4.00 per day; the Tifft House, $2.50 to $4.00 per day; the Genessee, $2.50 per day and upwards; the Fillmore, $2.50 per day; the Niagara, $3.00 and upward per day; the Ontario, $2.50 and $3.00 per day; the Trubee, $2.50 per day and upwards.

The climate of Buffalo in June is very fine, and every opportunity can be given for enjoyment of the members during leisure hours. With something over two hundred miles of asphalt pavement, those who ride wheels can luxuriate to their hearts' content. The committee urge those who have wheels to bring them with them; they will be cared for by competent persons at Unity Hall, where, also, those who wish to hire wheels may do so at moderate rates—the whole under the arrangement and control of the committee.

Buffalo's elaborate system of public parks, which, with their connecting boulevards, nearly encircle the city, will prove a source of great interest to visitors. The botanical gardens at South Park are already attracting wide attention throughout the country.

In the Free Library building, facing Lafayette Park, will be found a large free library conducted by the city, also a large collection of the Society of Natural Sciences, also that of the Historical Society and the Academy of Fine Arts.

Among the famous attractions of Buffalo are its mighty grain elevators, which handle the immense commerce of great lakes, en route to the seaport towns.

The office buildings will prove an attraction to many; the one called Ellicott Square, covering a whole city block, is acknowledged to be the largest building in the world.

The electric street railways compose a safe, perfect system of travel and furnish the first example of the long distance electric transmission, the power being generated at Niagara Falls, twenty-two miles away.

An endless variety of excursions will be pro-

vided, by steam and electric railroad, to many interesting points, including Niagara Falls, which is close at hand; also by boat on Lake Erie and on Niagara river.

The trip to Niagara Falls will prove of surpassing interest to all visitors and can be made by steam train in forty minutes, or by electric railroad.

The new and fascinating ride through the gorge of Niagara river from Niagara Falls to Lewiston by electric railroad will prove a chief feature. It is called the "Gorge route," and is a wildly fascinating, though perfectly safe, excursion, the cars running low down in the gorge, within a few feet of the water's edge.

The great power house at Niagara Falls, where, by the aid of the current of Niagara river, thousands and thousands of horse power of electric energy are generated for commercial purposes, will prove a great attraction to visitors.

Every effort will be made by the local committee for the comfort and entertainment of the members and guests of the Institute and their families; but no entertainments or excursions will be planned which will interfere with the more serious work of the Institute. Joseph T. Cook, M. D.

Sec. Local Committee, 636 Delaware Ave.

By order of Dr. A. R. Wright,

Chairman Local Committee.

AMERICAN INSTITUTE OF HOMEOPATHY.

Secretary's Announcement.

Before the American Institute of Homeopathy adjourned last year, at Detroit, it was agreed to make the coming session at Buffalo, 1897, the greatest and most successful in the history of the organization. This determination has not lessened and the efforts of the officers, and chairmen, and friends of the institute have been loyally and n-thusiastically seconded by the profession everywhere.

Centrally located, reached by all the great trunk lines of the East and West, connected by boat with all the lake ports, with splendid and ample accommodations for all who may come, Buffalo justly expects a host of homeopathic doctors next June.

The American Institute of Homeopathy will meet at Buffalo, June 24, 1897, and continue in session for the usual time. On the 23d the materia medica conference will convene and hold three sessions, two on Wednesday, and one Thursday morning. The new society of Ophthalmologists will also be in session on Wednesday, and there is no doubt of a large attendance at the opening of the Institute.

The program of the institute has already been arranged in outline, and may contain some novel features. But this much may now be said, that the sectional chairmen have nearly all arranged a definite and clear-cut program, will furnish a few fine papers on selected topics, instead of a hit or miss lot, will hav carefully arranged discussions miss lot, will have carefully arranged discussions furnished. This reform in itself would almost revolutionize matters, and all that can be accomplished in this direction in one year will be done.

The attractions of Buffalo, the beauty and power of Niagara must not be overlooked. The local committees are and have been hard at work, and those who know, predict great things as the result of their labors. Let every member of the institute bring or send one new member and we will add hundreds of new names to the roll at Buffalo.

Eugene H. Porter, M. D.,
General Secretary.

Institute, June 24, 1897, Buffalo, N. Y.

Correspondence.

THE MONUMENT.

The profession has not been disturbed by monument matters for some six or eight months. The committee (with the exception of Dr. H. M. Smith, the indefatigable), the journals (with the exception of the "old school, which continue to pay us compliments), and the profession generally, have observed a silence almost profound. The reason for this reticence is not difficult to explain. The committee, like the public in general, for the time being, simply succumbed to the financial situation. The pocket veto of President Cleveland compelled us to postpone the dedication for a year anyhow, and that has given us additional time to complete the work. It also relieved the committee of the necessity of appealing to the profession during this time of financial distress. Times are brightening up, according to all indications, and every self-respecting member of the profession will take advantage of returning prosperity to contribute his share to this great enterprise, regarding it in the light of a sacred duty.

It is a memorial to the founder of our school, which will reflect honor upon every member of it.

The work itself is commanding highest praise; even our old school brethren speak of it as "a splendid memorial," in contrast to their own feeble effort as shown in the Rush monument. The Hahnemann monument is now approaching completion, and the committee's report at Buffalo will show satisfactory progress. Now let the homeopathic profession come forward, individually and collectively, send in their contributions, at once and again, and we will guarantee that "none shall be ashamed." J. H. McClelland, M. D.

Pittsburg, Pa.

The profession of Chicago was shocked and deeply pained on the 22d of last month to learn of the death of Dr. Wesley A. Dunn, secretary of the Illinois State Homeopathic Medical Society, senior professor of diseases of the throat and nose in Hahnemann Medical College, and formerly one of the editors of the Medical Current, which sad event occurred on the 20th of March from typhoid fever at Naples, Italy. Dr. Dunn left home in his usual good health two months ago for an extended European trip, with a warm friend and patron, Mr. Frank Dunn, and had been having an exceedingly enjoyable and profitable vacation when taken ill in Naples a month before his death. For four weeks his system battled manfully with the dread disease, the information being kept from his family and friends, and only after a hard contest he gave up the struggle and died several thousand miles away from his loved ones and professional and social friends. It was a sad, sad ending of an honorable and useful life. Dr. Dunn was eminently one of the leading men in his specialty in this country — a successful practitioner, a successful college teacher, a successful medical society man. His death will be mourned in the profession of Chicago as would be the death of but few of our large number of well-known physicians.

Medical Century

A Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., - EDITOR
WILSON A. SMITH, M. D., ASSOCIATE EDITOR.

New York and Chicago, April 1, 1897.

Editorial.

A DEFERRED PROMISE FULFILLED.

This month a regular business office for the Medical Century will be opened in New York. It was the intention to consummate this plan last year, but owing to the unusually depressed financial conditions of the country, and for other substantial reasons, the change was deferred until fall. Then came the illness of the editor and the move was further deferred until now. The New York office will be in charge of the business manager, Miss R. E. Young, who has occupied this relationship to the journal since it was started, and who will transact the advertising and subscription business from that city. The location of the New York office will be announced in the next issue.

The Chicago offices will be at 100 State street. After the present number Dr. Fisher will again have sole editorial charge, Dr. Wilson A. Smith, now associate editor, having announced his intention to move to Michigan.

The New York editorial department will be in charge of Dr. Irving P. Sherman, 114 West Forty-fourth street, who succeeds Dr. J. Perry Seward in the relation of New York editorial and reportorial representative. We commend Dr. Sherman in his new relation to the medical profession of the East, and bespeak for him the courtesies of the friends of the Medical Century in New York and vicinity.

A TURN IN THE TIDE OF MEDICAL LEGISLATION.

For a decade or more the trend of the medical profession has been toward examining boards as the panacea for all the evils to which it is heir. This class of legislation has always seemed to us to be objectionable, in that examinations by boards are not more likely to be effective than medical college examinations—in that it has always seemed to us to be absurd to imagine that a single examination of any student or physician could give an intelligent insight into his real qualifications to practice medicine and surgery—in that it offers a premium for the young graduate, the man just out of college, against the practitioner of years of experience, who in few cases would be likely to wish to try to withstand examination on the fundamental branches—in that it entails unnecessary expense upon the student just from college and the physician who may have been determined in other states to be qualified—in that it is a method which has always succeeded in older countries than ours in crushing out or severely handicapping homeopathy and other younger and weaker sects in medicine—in that it foists an unnecessary machinery upon the state and the profession, and in that it is a strike at the top branches of the evil of indifferent medical education rather than at the root, the colleges. No one, it seems to us, would be so foolish as to suggest that the examining board plan of control has not some merit. Doubtless many unqualified men have been deterred from entering examining board states by the existence of such boards. But this is true, also, of competent and watchful health board states and medical registration states, while, on the other hand, we have so many individual instances of clap-trap work in examining board states that we have been brought to look upon the plan as one least likely of all to elevate the profession. School-boy and text-book examinations, either by separate boards or mixed boards of medical councils, composed in part of laymen and in part of professional men, should be ante-college and not post-graduate work.

Viewing this subject in this light we hail with satisfaction evidences of a decline in the examining board wave.

Ohio last year turned down a medical examining board bill and enacted instead a medical registration and supervision act, whereby a diploma from a legitimately conducted and legally recognized medical college is the requisite for license to practice.

Last month Indiana passed a similar bill, after a severe contest with an examining board measure.

Last year Michigan tried an examining board enactment before the legislature but it could not be passed, and this year it has been supplanted with a medical registration and supervision act, which has, at this writing, passed the lower house and which will be passed by the senate beyond doubt.

On March 16 the Wilson examining board bill failed in the lower house of the Missouri legislature by a vote of forty-three ayes and fifty-nine noes.

In Wisconsin an examining board bill was reported adversely by the committee on public health last month, and on the 17th ultimo was succeeded by a registration act, whose career is yet in doubt.

In Illinois the public health committee of the senate, about the middle of last month, laid on the table, thus killing it, the proposed examining board act for this state. The officers of the Homeopathic Medical Society of Chicago had in the meantime introduced a three board medical examining act to take its place, and this, too, will go the way of all the earth. At the March meeting of that society it was resolved to endorse the action of the president and those members who had taken up the mat-

ter so earnestly in the interim between meetings, but it was also decided by the society not to press favorable action on the measure except for the purpose of defeating the previously introduced measure. It now being dead there will be no action on the three board bill, the society whose officers introduced it as a substitute measure having decided, after full and free discussion, that it wanted none of it except as a dernier resort.

There may be other states to hear from, but these are sufficient to indicate that the tendency is now away from examining boards. In only thirteen states in the Union, and in five or six of these the boards are wholly allopathic, are examining boards—that is, boards that actually examine the candidate for license, whether he be a graduate in medicine or not—in operation, and in several of these the examinations and operations of these boards are really farcical. Nearly all of the New England states are satisfied with medical laws that accept the diploma from legally recognized and properly conducted colleges, and as shown in this editorial several of the great Middle and Western states have recently put the seal of approval upon the method. Verily, it begins to look as if it were not idle prophecy to suggest that the examining board wave has crested and is now receding. We know that a great majority of the readers of this journal will rejoice that this is so, and this simply because they do not look upon the examining board method as the surest and best method of elevating the educational standard of the profession. The authentication and registration of a diploma from a medical college, regularly conducted, with sufficiently long courses of study and sufficiently ample clinical facilities to give a reasonably thorough general medical and surgical education, should suffice to cover all our needs. Registration boards should have supervision over the colleges, should make them toe the mark, should see to it that only qualified student-material is accepted, and should have the power to register and classify colleges and physicians. But beyond this there seems to be no need of going.

The homeopathic profession all over this country may well follow the example recently set them in Ohio, Indiana, Michigan, Missouri and Illinois, as also in Kentucky a year or two ago, and in some other states as well, and strenuously oppose the examining board remedy as a menace to our interests, as unnecessary, as a cumbersome piece of medico-political machinery, as expensive to the profession, as offering a premium upon the inexperienced graduate just out of college, as opposing the incoming of men of years and honor, who shrink from rudimentary examination and to whom these are repulsive and undignified after a long life of medical usefulness, and as less likely to elevate the standard of the profession than proper college supervision and control supplemented by an efficient registration act.

ILLINOIS STATE SOCIETY MEETING.

The next meeting of the Illinois State Homeopathic Society will be held in Chicago on the 11th, 12th, and 13th of May, probably at the Tremont House, which for years has been recognized as the headquarters of the association. This meeting will be an important one in many respects, a program of unusual value has been prepared, many questions vital to the interests of the homeopathic profession will be presented, and the sessions should, therefore, be attended more largely than any held in recent years.

Dr. Dunham, the president, promises that every bureau shall be called promptly at the appointed hour and that no interference with the regular work of the association will be tolerated. Members assigned to bureau work will find it to their advantage and interests to be on hand promptly, otherwise they will go to the foot of the programme and may not be given a hearing at all, it depending upon the work of the society and the pressing demands of the regularly outlined order of business.

Let every homeopath in Illinois who can possibly be present be at this meeting. Illinois should be made to rival Pennsylvania, Massachusetts, New York and other eminently successful state society states. We can do it if we try, and will be benefited by the doing.

ARE MORE COLLEGES NEEDED AT THIS TIME.

In its March issue the Hahnemannian Monthly, usually very clear-headed, advances the idea that if the Homeopathic College of the University of Michigan is not removed to Detroit the profession of that city should set up in the college business for themselves. Is this wise advice? Do we need more homeopathic colleges at this time? Hasn't the west a full share, and more, already? Cleveland is only a few hours away, with two well equipped and efficient colleges in successful operation. Chicago is only a night's ride distant, with her three successful and really creditable homeopathic colleges, and her two others. Cincinnati is only a day's ride distant, with her Pulte Medical College. Surely we do not need more homeopathic colleges in the west at this time.

For the clinical reason, and for that alone, the Michigan college would better be removed. But, we have been told by such men as Profs. Wilson, Wood, Obetz, MacLachlan, Gatchel and Mack, during these past twelve or fifteen years, that the clinical facilities of the state school at Ann Arbor are ample for all practical purposes. The situation is not as it would be were the college an independent school in a small city—a city of fifteen thousand instead of but four thousand, as the Hahnemannian puts it. The college is a state school. Clinical material is sent to it, and has been sent to it during all the years referred to, according to the annual announcements and the journalistic advertising of the college faculty, from all

over the state, and even from other states, attracted thither by the reputation of the university and its colleges and hospitals. By no means, as we understand it, has the college at Ann Arbor ever had to rely upon Ann Arbor for its clinical supply.

But, granting that Detroit offers better clinical inducements than Ann Arbor, the latter city has the advantages of the great university, whose reputation is world-wide, with its great laboratories, its great libraries, its splendid scientific and literary faculties, its broad and comprehensive curriculum, enabling the medical student to avail himself in part, at least, of the advantages a mighty university offers, and a fair clinical field to offset the one inducement the larger city offers. Grant that the medical department might well have been located there at first, it should be remembered that full twenty-five per cent. of its students have been brought in from the campus. This is worth a great deal, and will be worth more as time goes on. And the incalculable advantage offered in the precedent of having a homeopathic college right on the great Michigan campus is one which has served us well in many a frontier state medical contest and which should not lightly be thrown aside.

We, too, were at one time in favor of removal. But our views have changed since talking with and hearing from a great many Michigan physicians on this subject. At this moment we have on our desk the names of two hundred and seventy-six members of the profession of Michigan now signed in opposition to this removal. Surely these men know something about the relative situations at Detroit and Ann Arbor. Nineteen of these physicians reside in Detroit. Ten or twelve live in the "unanimous city for removal," Grand Rapids. And so from every part of the state. More than half of the members of the American Institute who live in Michigan and more than half of the members of the Michigan State Homeopathic Society are now recorded as against continuing the war on the regents and as in favor of leaving the college where it is. Surely this array means something which should be considered.

But, no matter what the outcome of this contest there should be no further division of the Michigan profession. If the college is moved it should be supported by every doctor in the state. If it stays where it is it should be likewise supported and made to become a powerful college. It is folly to advise that a rival school be established in Detroit, or any other Michigan city. We want not more colleges, but better ones. And it is because we fully and firmly believe that a state school will be of more use to us on the campus than off of it that we support the thought of having the Michigan college stay where it is. And especially suicidal, according to our way of thinking, would it be to separate the college from the university completely, as is now proposed.

The Hahnamannian Monthly has erred in suggesting another school in Michigan if the removal bills fails. Give us fewer colleges and better ones, but give us university schools, even if, as in many parts of Europe, they be located in unpretentious cities. Give us just as immediate contact with great universities as it is possible to have, and give our students all the university atmosphere they can breathe. This, it seems to us, is one very practical way of elevating the educational standard of the coming medical profession.

WHAT SHALL BE DONE ABOUT IT?

There are times when sermonizing is demanded. There are times when it does us good to look facts squarely in the face and interpret their meaning. There are times when to be quiet is as great a wrong as to object, and these times are at hand in the history of medicine in the state of Illinois. It is time to preach a sermon to the homeopathic profession in this state, and we are going to do it if every one leaves but the sexton, and if he falls asleep. We are not going to scold. We intend to tell a plain, unvarnished tale, and point a moral. We wish to arouse the members of our school, believing that the time is ripe to spring to action if we would be saved from obliteration by the deception which has been practiced upon us by the regular school.

Our readers will remember that a joint meeting of the three different schools of medicine was called by the chairman of the legislative committees of the allopathic, homeopathic and eclectic schools to consider a bill to regulate the practice of medicine. It was a love feast. Each one acted as if he was ashamed of the school to which he belonged and wished himself a member of the other school. Each acted as if he wished to fall upon his brother practitioner's neck and ask forgiveness of all that he had said, had thought, or even dreamed in the past. Dr. Vincent, a homeopath, called the meeting to order, and nominated Dr. John B. Hamilton, regular, as permanent chairman, and the motion carried. Dr. Hamilton is editor of the Journal of the American Medical Association, the organ of the national body of allopaths whose standing towards homeopaths is notoriously prominent because it refuses to recognize the New York state society on account of its action permitting members of the latter organization to consult with homeopathic physicians. It did one's soul good to look upon that fraternal gathering. We were united in a common effort to save the people from themselves. We were going to frame a bill which would regulate so hard that no advertising quack would ever have a chance to do his work among the unsophisticated and ignorant people of the great state of Illinois. When they referred to "our homeopathic brethren" the tears would almost start as we thought of how harshly we had judged them in the years that were gone.

Ah me! We all make mistakes. We had made one. Instead of the regulars lying awake o' nights to devise means to do away with us, here we saw them in close touch, sat shoulder to shoulder with the "big guns," listened to the gentle terms of brethren and—bit.

We were given to understand that the bill would provide for three allopaths, two homeopaths and two eclectics. These men were to be selected by the different state societies and the names presented to the governor for appointment to this board. It was a plain proposition, which, not giving to either school a majority, appeared rather favorable, and, under the promise of the different chairmen that about such a bill would be presented, we said our little say in a late issue of the Medical Century and sat down to "bide our time."

We have been used to looking out for ourselves, believing that it does not hurt an honest man to watch him, and it helps to keep rogues straight. It came. The time is here. A bill has been presented to the legislature for adoption which, if permitted to become a law, will retard the growth of homeopathy, if, indeed, it does not entirely destroy it. It will be another Minnesota affair—another case where Macedonian cries will come for help too late for the cries to do any good. No one would recognize the bill in its present shape as the one spoken of in the meeting. It is vastly different from what we were made to believe would be the one, but not from what we felt would be presented. We have never expected just treatment from the regulars, and we doubted if they would so suddenly recover from their affection of hatred towards us. Our suspicions were right; our hopes were wrong.

Here is the essential part of the bill:

"Within sixty days after this act shall take effect, the Governor shall appoint nine physicians of recognized professional ability and standing, who are residents of the state, and legally qualified practitioners of medicine therein, as members of said board, who shall hold their office until their successors are appointed and qualified."

That is all that is said about schools; all that we find about the societies selecting those who shall represent the school; all that appears anywhere in the whole bill to show that the minority will have a fair representation upon this new board; all that we find to redeem the promises held out in the love-feast where were gathered forty or fifty men and women of the three schools of medicine recognized by law in this state. Where are the eclectics and the homeopathic physicians protected in this measure?

We notice the peculiar hand of Dr. Scott, secretary of the Illinois State Board of Health, or, if not his some one who thinks as he does. When the bill for the insane asylum came up it was defeated because the old school members said it recognized sects in medicine, and that such a thing was unlawful. If this bill had been framed as it was intended to be, it would have recognized sects in medicine. And it is right that they should be recognized. The state of Illinois recognizes them when it grants charters for the different schools of medicine, and we can see no particular infringement upon the personal rights of any one in the Prairie State by mentioning the fact that there are such monsters as homeopathic physicians within its borders, and such outlandish fiends as eclectics also to be found within its hallowed precincts. It makes no difference if they are here; they should not be mentioned by any enactment by the people of the state of Illinois in legislature assembled. That one point is determined upon. Think of the statute, oh, ye homeopaths, where your defiling name appears! Think of the disgrace that would accrue upon the noble escutcheon of medicine if the unhallowed name of "Eclectic" should find mention in the statute of our state! One hardly dares to think of Illinois and these awful things at the same time. "And when writ's the nation's story, Illinois! Illinois!" we can proudly say that no mention of these vile names appears within the sacred books of thy laws.

Shall we sit idly by and see this done? Is there no manhood among the eclectics and homeopaths to stir them to action to defeat this intrigue upon them? Patrick Henry, in an outburst of patriotism, when he found that the rights of personal liberty were to be taken from him, arose and electrified the assembly of Virginia. And we can say with him that "Caesar had his Brutus, and Charles the First his Cromwell," and the allopaths of Illinois might profit by their experience.

There is the sermon. The moral is found in a little fable of our childhood days. In "Grimm's Fairy Tales" is a story of a cat and a mouse going into a partnership during the winter months, and, to provide for the days when it would be too bad for them to go out, they laid up a pot of fat to be divided in the days of necessity. The story tells how the cat under different pretexts managed to leave the unsuspecting mouse alone occasionally and ate up the pot of fat. When the rainy day came, as it comes to us all, they went to get some of the fat, when the mouse found it devoured. It began to upbraid the cat for being false, and in answer to such a line of argument as the little mouse presented the cat turned upon it and ate it. Are we to be the mouse of "Grimm's Fairy Tales"? When this miserable bill becomes a law and we find that we are not recognized what good will upbraiding do?

The application of this sermon is found in the adage, "Heaven helps those who help themselves."

The report of Hahnemann Medical College, Philadelphia, was received too late for classification. It will appear next month, together, we hope, with reports from Hahnemann of Chicago, Hahnemann of San Francisco, and two or three others.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. J. J. Sturgus, Seattle, has removed to Vashon, Wash.

The Drs. Cole have removed from Bridgeport to Hartford, Conn.

Dr. E. T. White has located at 4309 Calumet avenue, Chicago.

Dr. W. A. Egbert and family are in the east visiting relatives in Indiana.

Dr. J. D. Knott, Monticello, Ill., visited Chicago recently for business and pleasure.

Dr. Olin K. McGarrah, Hahnemann, Philadelphia, 1896, has located in Huntingdon, Pa.

Dr. Edwin J. Clark has removed from Longmont to Denver, with offices in the Jacobson Block.

Dr. J. L. Ireland, Erie, Pa., contemplates taking up the eye, ear and throat specialty at an early day.

Dr. J. S. M. Drake, Erie, has recently added to his office equipment an extensive X-ray apparatus.

Dr. Frederick A. Churchill, Seattle, has been doing some very creditable gynecological surgery lately.

Dr. C. E. Sawyer, Marion, O., made a flying visit to Chicago on business and pleasure last month.

Dr. Thomas M. Young, Seattle, has been ill for several weeks, with a severe bronchitis, but is convalescent.

Dr. Mary H. Jones, late of Council Bluffs, Ia., has recently located in Chicago, with offices at 100 State street.

Dr. A. Judson Brewster, one of the oldest homeopathic physicians of Syracuse, N. Y., died March 13th.

Dr. J. R. Phillips, Erie, Pa., was among the visitors at the inauguration of Mr. American President McKinley.

Dr. E. E. Beckett, Seattle, has recently returned to his old home in Nebraska. The doctor will locate at Kearney.

Bellefonte, Pa., has only one homeopath, Dr. Locke. It is said another good man could easily find plenty of work in that town.

The Washington State Homeopathic Medical Society, Dr. C. E. Grove, Spokane, president, will meet at Tacoma, June 10, 1897.

Dr. J. S. Walters, East Liberty, Pittsburg, expects to move into a splendid suite of office rooms in a bank building the first of April.

Dr. J. S. Flint, Erie, Pa., removed into his new and commodious residence about the first of the year. It is located on Tenth Street.

Dr. E. W. Boardman, Parsons, Kan., is president of the Kansas State Society this year. The meeting will be held in Hutchinson.

The Medical Visitor is always on the right side on the medical law question. It has no sympathy with the medico-political examining board idea.

Dr. G. F. Reineke, New Ulm, Minn., likes the Century so very much that he says he does not wish to miss a single copy. There are others, also.

Dr. M. Ellen Keller, of Fort Worth, Tex., has patented an electro-vitalizer for ailments of the cervix, for which she lays claim to great usefulness.

The Medical Brief, for March, contains an illustrated article on Walcher's position in obstetrics, from the pen of our Dr. T. Griswold Comstock, St. Louis.

Dr. Wendt, who has been taking special studies in the hospitals of Europe during the past two years, has located in East Liberty, a suburb of Pittsburg.

Dr. F. A. Gardner, Washington, will occupy new offices this spring, the very finest in the national capitol. In fact, they are not to be excelled in the country.

Dr. and Mrs. H. H. Hawxhurst are rejoicing over the arrival of a spick span new baby at their home in Washington. The new member arrived in February.

For reasons satisfactory to himself Dr. W. A. Dewey has withdrawn from the materia medica department of the North American Journal of Homeopathy.

Dr. E. Z. Cole, Baltimore, formerly of Michigan City, Ind., is the Maryland exponent of orificial surgery and finds his new field of operations a profitable one.

Dr. H. M. Marsh, Danville, Ky., has so improved in health that he finds he will not have to go west, and will not, therefore, need a successor in Danville.

Dr. J. B. Clifford, McKeesport, Pa., has been confined to his bed for eight weeks from blood poisoning of his hand and leg from infection from a surgical case.

Dr. A. D. McElroy has removed from Apollo, Pa., to McKeesport, same state. He was at Apollo three years and reports it as a good opening for a good homeopath.

Dr. P. J. Montgomery, Council Bluffs, Ia., attended the McKinley inaugural exercises and stopped in Chicago a day or two on his return from Washington.

Our Washington Whisperings man, Dr. Kingsman, has recently recovered from a severe annoyance, a good-sized carbuncle, which made life miserable while it lasted.

Dr. H. C. Galster, Erie, Pa., enjoys an extensive practice among the German population, especially, of that city. The indicated remedy is Dr. Galster's slogan and weapon of defense.

The Denver Journal of Homeopathy improves with each issue. It does not need "any more old angels." The good natured Falstaffian at the helm is worth a whole troop of them.

Dr. Margaret Hislop, Washington, D. C., is the only lady graduate of a Chicago college, Hahnemann, located in the capitol city. Dr. Hislop enjoys a large and lucrative practice.

Dr. Eugene H. Porter, editor of the North American Journal of Homeopathy, has been elected president of the New York State Homeopathic Society. Honor to whom honor is due!

Dr. A. O. Palmer, Warren, O., in sending in his subscription for the Medical Century for 1897, suggests that "I like your journal very much, and would not like to have to be without it."

Dr. W. J. Hawkes, Chicago, at Pasadena for his health, is finding the climate of southern California beneficial and reports himself greatly benefited. He will return to this city about May 1st.

Dr. Charles Adams, one of Chicago's well-known surgeons, met with a painful accident recently through a fall upon the ice floes of Lake Michigan, whereby he received a serious wrist sprain.

Dr. Charles Adams, major and chief surgeon of the Illinois First Regiment, and Dr. W. G. Willard, captain and assistant surgeon of the same troop, attended the recent meeting of military surgeons at Springfield.

Missourians and others interested should not forget the forthcoming meeting of the Missouri Institute of Homeopathy, at Kansas City, the third week of this month.

Dr. W. W. Misener, one of the busiest and best homeopathic physicians of Tacoma, Wash., is seeking needed rest and recreation in Japan. He will return in April.

Dr. M. A. Wilson, Erie, Pa., enjoys an extensive practice. In fact, there are a good many homeopathic doctors in that thriving city who are amply able to keep the wolves away from their doors.

The Materia Medica Journal, Chicago, has issued a combined January and February number and will soon catch up with its dates. It is a journal for the materia medician and pure Hahnemannian.

Dr. Burchfield, whose removal to Colorado from Latrobe, Pa., was noted in this journal a month ago, is only absent temporarily in the interests of his health, and will shortly resume his work in that city.

Dr. T. A. Irwin, Franklin, Pa., who for two years has been visiting the hospitals of London, Paris and Vienna, taking special work in the eye, ear, nose and throat, returned to his Pennsylvania home in January.

Homeopathy has a good friend at the seat of government in the Hon. Senator Hanna, of Ohio, and the United States. He is one of the trustees—president, we believe—of the Cleveland Homeopathic Hospital.

Dr. Anson Parsons, Springboro, Pa., a pioneer homeopath in that field, has a very large and influential practice, and is looked upon as one of the solid and reliable members of the medical profession of that part of Pennsylvania.

Dr. Scott Parsons, Jr., not Sr., of St. Louis, is chairman this year of the surgical bureau of the Missouri Institute of Homeopathy and will preside over the work of that section at Kansas City—a worthy son of a worthy sire.

Dr. John B. Hamilton, formerly surgeon general of the United States Army and editor of the Journal of the American Medical Association, has been appointed by Governor Tanner as superintendent of the Elgin (Ill.) insane hospital.

Pulte Medical College, Cincinnati, held her commencement exercises in the Scottish Rite Cathedral, on the 30th of March. The alumni association held its annual meeting and gave its annual banquet immediately after the exercises, as usual.

Dr. L. E. McBride, Franklin, Pa., a graduate of the Chicago Homeopathic Medical College, intends soon to remove to a larger city. He attended to Dr. Irwin's practice during the latter's absence in Europe and thus acquired valuable experience.

Dr. L. G. Van Scoyoc, Kansas City, in charge of the bureau of pediatrics for the meeting of the Kansas State Society, is putting forth earnest efforts toward making his bureau a success. His department is one of the most important in medical practice.

A majority of the committee on public health of the Wisconsin legislature has decided to report adversely upon the proposed new medical examining board law before it. A minority of the committee will report favorably, and the fight will be waged in the house.

Dr. J. S. Clarke, of Baltimore, has been appointed a member of the staff of jail physicians for that city—the first time a homeopath has been nominated for the position. Last year there were 3,679 patients in the jail, 417 operations were performed, and 14,275 prescriptions were written for the inmates.

Dr. Wilbur J. Sheldon, Springboro, Pa., Pulte, 1895, will move into a new and handsome residence April 1st. Dr. Sheldon was elected coroner of Crawford County at the recent election, but declined the honor on account of the press of his professional work.

Dr. W. B. Robinson and Dr. Annie Robinson, nee Hoyt, of Hillsboro, O., are spending the winter and spring months in review work in the hospitals of Berlin and Vienna. They will return to this country during the summer and will probably locate in the south.

Hahnemann Medical College, Chicago, held its Thirty-seventh Annual Commencement on Thursday, March 25th, at the Grand Opera House. We have no report from this college, nor a list of graduates, though both were asked for, but hope to give them next month.

Dr. W. B. Page, Middlebury, Indiana, made the Century office a pleasant call last month while in Chicago on business. The latch string is always out to our friends and subscribers. Call and bring the local news to us when in the city—100 State street, seventh floor.

Dr. Chisholm, of Huntingdon, Pa., has placed his business in charge of an assistant, Dr. Blackman, of Hahnemann Medical College, Philadelphia, class of 1896, during his attendance upon the legislative sittings, he being state senator from the Huntingdon district.

Dr. Wilson A. Smith, Chicago, is so attracted by the beauties and advantages of South Haven, Mich., that he has decided to abandon his Chicago friends and interests and make his future home in that lovely little city. The best wishes of the Chicago profession go with him.

The annual reunion and banquet of the Alumni Association of the New York Homeopathic College will be held at Delmonico's, on the evening of April 29th. Dr. A. B. Norton is toastmaster. It is expected that the usual felicitous and enjoyable occasion will result.

Dr. Julia C. Jump, Oberlin, O., one of the best known lady physicians in Ohio, and a familiar character at the meetings of the American Institute of Homeopathy, where she was highly respected and esteemed, died of heart disease very suddenly at her home on March 15th.

Dr. Harvey Dale, Oshkosh, Wisconsin, president last year of the Wisconsin State Homeopathic Medical Society, expresses himself tersely against examining board legislation in another column. Read what he has to say. There is truth and good sense in every word of it.

Among the first official acts of Gov. Smith, of Montana, was the appointment of Dr. Owen C. Evans, of Anaconda, to a vacancy on the State Board of Medical Examinations—the first recognition our school has received in that state. The appointment is for seven years.

Read what Dr. McClelland has to say in another column about "The Monument," and then set about contributing your share toward the completion of this deserved honor to the memory of Hahnemann. It should be a pleasure, it is an obligation, for every homeopathic doctor in all this broad land to contribute a good round sum to this commendable project. Let us set about it and finish the subscription in prompt order.

The "Pasteur Panpathic Medical College and Lister Hospital School of Practical Surgery"—Whew! what is there in a name?—was incorporated without capital stock at Springfield, Ill., last month. This big-named college and hospital affair is to operate in Chicago. The incorporators are named as Clarence Smith, E. Tweedale and M. Vining. Wonder "What 'tis!"

Dr. E. J. Canfield has removed from Middlefield to Akron, O., and reports that his former location, together with Mesopotamia, but a few miles distant, in both of which places there is strong homeopathic sentiment, will furnish a good field for a physician enjoying country village practice.

Dr. W. C. Richardson, St. Louis, is president of the Missouri Institute of Homeopathy, whose meeting will be held in Kansas City on the 20th, 21st and 22d of this month. Active efforts are being put forth to secure a large attendance and guarantee an unusually profitable meeting.

The next meeting of the Missouri Valley Homeopathic Medical Association will be held at Iowa City, in October. Acting on the principle of the early bird the officers are already out in a preliminary announcement inviting attention to and interest in this progressive and rising society.

Dr. A. W. Woodward, Chicago, met with a collision accident recently while out driving with his sister, a trolley car demolishing his coupe and dragging the doctor and sister for some distance. For a time it was thought both would be killed, but fortunately they escaped without serious injury.

Dr. W. A. Forster, generally acknowledged as one of Kansas City's foremost surgeons, is chairman of the gynecological bureau of the Missouri Institute of Homeopathy and is making extra effort to arrange an acceptable programme for his section. It may be depended upon that he will succeed.

Dr. C. Gurnee Fellows, of Hahnemann Medical College, Chicago, read a practical paper on Eye Diseases in relation to Kidney Disorders at the March meeting of the Homeopathic Medical Society of Chicago. It was illustrated with stereopticon views of the fundus, the views being the author's own handiwork.

Dr. N. L. Wakeman has recently removed from Lampazos, Mex., to Deming, N. M. Dr. Wakeman has been pioneering it among the Mexicans for some years past, and now seeks a field among his own people. May success attend him in his new location. Frontiersmen deserve some of the good things of this life as they go along.

The name of the St. Louis Journal of Homeopathy has been changed to the old one of the Clinical Reporter. We confess to believing the newer name the better of the two. It was distinctive, while the "Clinical Reporter" might mean any old kind of a medical journal. Dr. J. Martine Kershaw is now sole editor and manager.

The first annual commencement exercises of the College of Homeopathic Medicine and Surgery of the Kansas City University, the new Kansas City homeopathic college, were held on the evening of Thursday, March 18th, at the Auditorium of the Young Men's Christian Association. The number in the graduating class is not known at this office.

The osteopaths have introduced a bill in the Illinois legislature asking for state recognition as a medical sect. This medical legislation business is becoming absolutely nauseating. Everybody wants to control and supervise and sit in judgment over the other fellow. The craze has even extended to the veterinarians and our former coadjutors, the barbers.

Dr. S. H. Jackson, a well-known homeopathic physician of Boston, died at his home, Jamaica Plains, on February 27th, after an illness of three months. Dr. Jackson was a son of the well-known lady physician, Dr. Mercy B. Jackoson, a graduate of Pulte Medical College, and for many years a professor in the Boston University School of Medicine.

Dr. T. H. Carmichael, 5530 Main Street, Germantown, Philadelphia, is short the May 1, 1896, number of the Medical Century, and would like that number to complete his files for binding. Our supply has been exhausted, hence we shall be glad to have some reader who does not keep his files send us that number that we may accommodate our Germantown subscriber.

The Medical Counsellor, Detroit, has taken on a new and attractive dress. It is a good journal — one of the best one dollar journals published — and although a good share of its editorial space for March is taken up with an effort to show this journal's inconsistency, we like it, and its genial editor, and warmly welcome every number. May it prosper as its merits deserve.

Dr. H. W. Champlin, Towanda, Pennsylvania, thought he would try to get along without the Medical Century this year, but has reached a different conclusion, and is again on the rolls. The good doctor tried hard to make himself believe he could get along and be happy without it, but finally acknowledges the effort a signal failure. His return to the fold is most gratifying in this office.

It is reported that we are likely to secure a new insane asylum in Pennsylvania. A bill providing therefor passed both houses of the legislature last year, but was vetoed, without prejudice against us, because of a lack of ready funds. This lack has been supplied, and it is quite likely we will soon have an insane hospital assigned us in the Keystone state. Indiana, too, is said to be moving in this direction.

Drs. G. M. Dixon and A. G. Bailey, of Sacramento, Cal., recently entered into a lengthy and intelligent discussion of the subject of appendicitis in their daily paper for the benefit of the people of their city. It is not amiss to occasionally enlighten the lay public upon subjects of this importance and prevalence. Their notions of the disease are always associated with desperate, usually rapidly fatal, cases.

The Medical Century's traveling correspondent, Mr. A. E. Frankland, to whom we are indebted for much of the personal news-items and general news-notes appearing from issue to issue, suggests that Toledo, Indianapolis, Columbus, Dayton, Pittsburg, Springfield (Ohio) and Allegheny can stand a few more enterprising and competent men of our profession. As he canvasses the doctors personally he should be well informed.

Owing to the fact that the Illinois State Homeopathic Medical Society will meet in Chicago in May, and that in June the American Institute will meet about the time for the city society meeting, it has been decided to hold no meeting of the Homeopathic Medical Society of Chicago after the April meeting until in September. The annual election has been forwarded to the April meeting. When this occurs it is to be hoped there will be a good attendance.

Drs. T. L. Macdonald, Richard Kingsman, W. F. Corey, S. S. Stearns, L. B. Swormstedt, W. R. King, Ralph Jenkins, C. A. Davis, Z. B. Babbitt, R. Munson and B. F. Gibbs, of Washington, and Dr. S. F. Goodell, of Frederick, Md., met in social gathering at the residence of Dr. Stearns, upon the occasion of the February meeting of the Washington Medical and Surgical Club, and enjoyed such an evening as only twelve men of their caliber could.

Dr. W. E. Green, Little Rock's well known surgeon, is preparing a paper on the "Present Status and Merits of Vaginal Hysterectomy" as developed at the hands of homeopathic surgeons, and is out with a series of questions to the surgeons of our profession seeking information on the subject. As outlined the paper will be of great value in demonstrating the abilities and experiences of our operators, and our proper place among the surgeons of the world.

Halsey Brothers' Company, the well-known homeopathic pharmacists of Dearborn street, Chicago, will move into larger, more central and in every way more desirable quarters on Washington street, near State street, next month. This firm under the new management, which took possession something more than a year ago, is prospering according to its deserts. The removal will be very acceptable to a large corps of downtown patrons, medical and lay.

The Wayne County, Michigan, doctors of the allopathic school are highly indignant at the legislative league of that state for introducing a legislative measure which specifies in the text that the board of registration shall be composed of members of the allopathic, homeopathic, eclectic, and physio-medical schools, in proportion agreed upon. It is horrified at the thought that thus the state will seem to give official recognition to medical creed-dom. Bah!

The Chicago Homeopathic Medical College, whose graduating exercises were held at the Great Northern theater, Tuesday, March 23d, issued the handsomest commencement announcement which has come to this office this spring. The "Chicago Homeopathic" never does things of this character by halves. Secretary Kippax knows how to get up a neat and tasty announcement. The graduating class numbered fifty-seven. Dr. George N. Pratt, Jr., was valedictorian for the class, Dr. N. B. Delamater for the faculty.

Dr. E. L. Youngblood, Lake, Indiana, is one of the few subscribers who discontinued his subscription, with the new year, to this journal. He since finds, however, that he cannot get along without it, and has again come upon our lists. It is especially a pleasure to welcome former subscribers under these circumstances. The Century had fewer discontinuances this year than ever before, and a larger part of those who stopped the journal the first of the year have already come back on the lists than in any former year.

The Collins State Homeopathic Hospital, New York, is getting good and ready for business. Dr. George Allen, late with Dr. Talcott at the Middletown Asylum, has been elected superintendent. Dr. William Tod Helmuth is president of the board of managers, the other medical members being Drs. Asa F. Couch, Fredonia, and Frank D. Ormes, of Jamestown. The new buildings underwent an official inspection recently, the managers expressing satisfaction and pleasure with the thorough observance of all the details of the contract covering their erection.

Washington physicians, like their brethren in other parts of the country, are having a hard time making collections, yet there are a number of good openings for capable and energetic homeopaths in this state if they have enough money to carry them along for a few months—Everett, Dayton, Shelton, Colfax, Fairhaven, Ballard and Wenatchee are all reasonably good points for good homeopaths. Dr. W. W. Misener, Tacoma, is secretary of the state medical examining board and can give information concerning the same.

The report is being circulated in Michigan that the course of the Medical Century on the removal of the college is actuated in part or in whole by the offer of a professorship at Ann Arbor. This is idle talk, too silly to demand denial. No one authorized to make such an offer has made it, and it it were to be made it would be rejected without a second thought. A college professorship at Ann Arbor has no attractions for the editor of this journal. The salaries are not large enough, and journalism being his life work the larger city is his field.

Dr. A. Cuvier Jones, late of Colorado Springs, died last month in that city. Dr. Jones was a young man of distinction and promise, an excellent physician, and a good surgeon. He was at one time president of the Missouri Institute of Homeopathy, and later of the Colorado State Homeopathic Society. Genial, true, always considerate, painstaking in his professional life-work, and consequently successful, he died leaving hosts of friends in and out of the profession to mourn his untimely death. He was just in the prime of life, falling victim to pulmonary tuberculosis.

Dr. F. Park Lewis, Buffalo, N. Y., compliments the Medical Century upon its Whooping Cough number very highly. In his own language, "It is great. Dr. E. P. Hussey, of this city, verified Dr. Hanchett's experience, in his treatment of my children. Careful individualization showed that one required Drosera 200th, and the other Ipecac 200th. Both recovered in short order." This is the testimony of almost every one who carefully selects the remedy with reference to the patient, rather than with reference to the disease by name or condition. Sharp-shot work is the best.

Dr. H. H. Baxter, Cleveland, has been appointed to membership on the Ohio State Medical Registration and Examining Board by Gov. Bushnell, in place of Dr. J. K. Scudder, eclectic, of Cincinnati, whose term of office had expired. Last year the eclectics polled the larger number of names, and got two appointees to our one. This year a more careful and complete roll-call of the two professions show us ahead of the eclectics in Ohio, and, therefore, we get the additional appointment. Dr. Baxter is eminently qualified to fill the position to which he has been named.

Dr. Wilson Smith's editorial in this number of this journal on the trapping of the homeopathic profession of this state with honeyed words is right to the point and rich reading. There are times when it is well to call a spade a spade, and this is one of them. After all, who raised this question of a new medical bill for this state? The State Homeopathic Society did not instruct its legislative committee to take part in framing any new measures, nor did the Homeopathic Medical Society of Chicago instruct its officers or legislative committee to lay themselves liable to any such deception as seems to have been practiced upon us.

The Homeopathic Hospital of Baltimore will be placed under new management in the spring. Heretofore it has been under the same management with the Southern Homeopathic College, but it is intended to separate the two institutions. It is rumored that Dr. J. S. Barnard will have the superintendency of the hospital after this month, in which event it is expected it will be more warmly and generally supported by the profession of the Monumental City than in the past. Dr. Barnard is a man of broad liberality, and under his supervision the hospital should meet with large success.

Dr. W. H. Caine, Stillwater, Minnesota, is directing efforts toward the enactment of a law which provides for the organization of a medical corps in the National Guard of the state of Minnesota, with the proviso that the corps shall consist of two-thirds allopaths and one-third homeopaths. Dr. Caine is being actively supported in his efforts in behalf of this measure by the officers and legislative committee of the Minnesota State Homeopathic Institute. It should become a law. In fact, all medical appointments in that and every other state should be distributed equably between the members of the legally recognized professions.

Dr. Lewis Hallock, the last surviving founder of the American Institute of Homeopathy, whose presence and participation at the Newport meeting so gladdened our hearts, died March 4th at his home in New York. Dr. Hallock was ninety-four years old, and had been in active practice until a short time before his last illness. He was full of years, full of honor, full of sympathy with the sick and afflicted, and beloved by all who knew him. With his departure the last connecting link between the organizing members of the Institute and those now on the rolls is broken. The founders are all gone.

The homeopathic profession from over the country approve heartily of our editorial on the use of homeopathic text-books in homeopathic colleges. In Washington it is said they are a unit on the subject. At a later date it is suggested they will, in society assembled, express themselves officially on the subject, it being their opinion that whenever possible and practicable the homeopathic colleges should give decided preference to the works of our own authors and publishers. We may well follow the example of "our friends the enemy" in this regard. Who ever knew of a homeopathic text-book being used in an allopathic college? And isn't the sauce that is good for the goose good enough for the gander?

The Century erred last month in stating that the Nevada, Mo., insane hospital had been placed in our charge. It is the asylum at Fulton, an older and larger asylum than the one at Nevada, which has been assigned us. Dr. T. J. Coombs, of Kansas City, has been appointed to the superintendency by Gov. Stephens, and will take charge in June. Meanwhile, he proposes spending a good portion of his time among the asylums and hopitals of the east, in order that he may give a satisfactory administration during his official relation to the Fulton institution. The appointment is an excellent one. The profession of Missouri are to be congratulated upon this acquisition. Let the good work go on in other states.

A Missouri court has just decided against the State Board of Health in a hold-up case against a graduate from the Physio-Medical College of Cincinnati. The board held that as they did not recognize that college as legitimate or "regular," the candidate could not practice medicine in Missouri. But the court says he may, proclaiming that it is not in the function of the Missouri health board to determine upon the regularity or irregularity of colleges in other states. This looks like a sensible view to take of it, and is quite in accord with the recent protest against officious intermeddling filed by Hahnemann Medical College of Philadelphia. Let each health board take care of its own colleges and not try to police the whole United States.

The American Homeopathist for March 1st contains a very readable and sensible editorial on the subject of medical legislation. Editor Kraft is of the opinion that some practical horse sense should be injected into the consideration of this topic, and that a little of the same article weighs well with the average doctor and should be counted as one of the qualifications of the physician. Very sensibly, he takes the stand that a board examination of a few hours is not likely to materially elevate the standard of the profession, while he points out that in some states, notably Minnesota, it has been known to retard the legitimate growth of homeopathy to an extent almost disastrous. Avaunt such un-American and impracticable schemes upon the medical profession.

From the Kansas City Times of March 18th, it is learned that on "St. Patrick's Day in the Mornin'" Senator Goodykoontz, of Washington county, the senator being a physician, moved an amendment to the house bill making appropriations for the three insane hospitals of Missouri, providing that one of them shall be placed in charge of a homeopathic physician. The amendment was adopted. It is not likely, therefore, that the senate will now refuse to confirm the appointment of Dr. Coombs, of Kansas City, whom Gov. Stephens has named for the position of superintendent of the Fulton hospital. It was his intention to have given us the Nevada asylum, but the superintendent of that holds over until the 1st of September, and the governor, therefore, appointed Dr. Coombs to the first vacancy, that at Fulton.

The citizens of Fulton, Mo., recently tried to dissuade Gov. Stephens from placing the insane hospital in their town in homeopathic hands, but signally failed to move him. There is now an effort on the part of the old school profession toward preventing the confirmation of Dr. Coombs' appointment by the senate. This is too contemptible an action to receive serious attention by the senate. It is not believed that the governor's appointee will be declined confirmation. Once that homeopathy is in charge and has had a chance to show what it can do for the insane wards of the state the people of Fulton will be heartily ashamed of their action. The old school profession who would attempt to defeat the confirmation of a homeopathic appointee simply because he is a homeopath are without shame and are not expected to change the error of their ways.

Dr. A. E. Meadow, Blocton, Alabama, possesses the distinction of being, so far as we know, the only homeopathic physician in the United States who is president of an allopathic medical society. He was recently chosen to membership in the Bibb County Medical Society, and has since been elected to the presidency. Dr. Meadow suggests in a recent letter to this journal that homeopathic physicians desiring to locate in his state need have no

fears of adverse action by the local examining boards if they are at all qualified to practice their profession. He pledges an impartial examination at Blocton, the examinations being purely of a practical nature. He also announces that there are many good fields for enterprising young physicians in that state. Go south, young man, and grow up with the country! Why flock to the more crowded fields of other sections when the south is wide open to you?

Dr. W. A. Edmonds, recently of St. Louis, but now resting with a daughter at Mortonsville, Ky., author of Edmonds' Diseases of Children and formerly editor of the St. Louis Journal of Homeopathy, in a recent letter, writes the Medical Century as follows: "You have done well to return to the monthly issue. Allow me to congratulate you upon the creditable character of the last three issues. By an unwritten law as well as by an established custom, medical journals should be monthlies. The Century is now ranking with the best journals in the world. I am glad of it, as we cannot afford to come behind the foremost in our literature. Your two late works and the Century place the profession under profound obligations to you." Such words of encouragement and commendation go far toward lightening the numerous burdens of journalism and literary effort which do not appear on the surface. In his honorable retirement from the more active duties of the profession, in which he has been engaged for more than a long generation, Dr. Edmonds has the best wishes of the editorial corps of the Century, especially of its editor-in-chief.

Secretary Wade, of the board of regents, is reported as saying that he does not believe the homeopathic college will be removed from Ann Arbor, even if the legislature again orders it removed. Dr. Carrow, of the old school college, states that he hopes the removal bill will succeed, that he would like to see the college removed, thus giving to them more hospital room and removing a bone of contention. Dr. Vaughan, dean of the old school medical department, is quoted as saying he has kept out of the fight, but would be pleased to see "the homeopathic department go to Detroit or to Jericho, as a school by itself, but not as a part of the university." This last opinion is an honest one, no doubt, especially the suggestion that the school go to Jericho. It is a trifle strange that some of our profession over in the Wolverine state feel, like Dr. Vaughan, that they would like to see the school go to Detroit, and not as a part of the university. For this is what the present removal bill means, and it is this especially to which we are incontinently opposed. The college should be continued as an integral part of the University of Michigan at all hazards.

The International Medical Mission Institute, of Chicago, a make-shift between a medical college and a school for the education of missionaries, has gone the way of all the earth. This school was organized shortly after the rupture in Hering Medical College, having for its president, sponsor, business manager and all-round chief, the former professor of anatomy in Hering College. There was never a necessity for the school, and it has always had a feeble and struggling existence. Prominent men in all the homeopathic colleges of Chicago were enticed into allowing the use of their names in connection with the enterprise, and many of them even delivered lectures and held clinics before the clergy-medico classes of a dozen or more in attendance, thinking they were laboring in the vineyard for the legitimate education of mission workers in foreign fields, to whom a smattering of medical and surgical knowledge would be of some value. The school is dead. It died of inanition, mismanagement, supercilious egotism and general derangements beyond the help of a cosmopolitan corps of teachers, half-hearted supporters and medico-church men whose motives were good, but whose judgment and discretion were bad. And thus there is one less alleged homeopathic college in Chicago. Requiescat in pace!

The medical staff of the London Homeopathic Hospital have arranged for a series of clinical lectures and demonstrations during May, June and July, looking toward the eventual establishment of a homeopathic college. The chief object at present is to demonstrate to all who may wish to learn the efficacy of homeopathic treatment in relation to the diseases presenting at the clinics. Each course will embrace a separate specialty, the idea being through the demonstrations to make plain the nature and course of the cases presenting, together with the value of the homeopathic remedy and the possible usefulness of accessory measures not incompatible with correct homeopathic prescribing. There will be two demonstrations and lectures on each week-day except Tuesday and on alternate Fridays—when surgical operations and consultations, respectively, will take place and be equivalent to the regular lecture-demonstrations. Medical men and women intending to enter for one or more of the courses outlined will find it to their interests to send in their names to the secretaries without delay, priority in entering being considered. Every facility in the examination and review of cases presented will be given, it being the desire to make this clinical lecture course so popular and valuable that the profession of England and adjacent countries will join eventually in demanding a medical college.

Will those members of the Michigan profession who so bitterly oppose leaving the homeopathic college at Ann Arbor "because of the lack of clinical facilities" at that point tell us where the following well-known and eminently successful physicians, surgeons, gynecologists and ophthalmologists got their clinical instruction as they went along: Dr. J. M. Lee, Rochester; Dr. Bissell, Rochester; Dr. J. C. Wood, Cleveland; Dr. D. A. McLachan, Detroit; Dr. H. C. Kasselman, Louisville, Ky.; Dr. R C. Olin, Detroit; Dr. Harold Wilson, Detroit; Dr. W. F. Tyler, Niles, Mich.; Dr. S. G. Milner, Grand Rapids; Dr. H. W. Champlin, Towanda, Pa.; and Dr. Hazzard, Iowa City. Some of these men are among the ablest and best known members of our profession. Dr. J. C. Wood, author of Wood's Gynecology, got a great share of his gynecological knowledge right on the campus and prepared the manuscripts of his text book from his clinics at the college. Dr. MacLachlan had not taken a review course abroad or elsewhere when he first occupied the chair of practice and pedology on the campus, and he seemed to know something about these subjects, too. Dr. J. M. Lee is the peer of any gynecologist in this or any other country, his education being had at Ann Arbor and his operative history dating with his entrance upon the profession. Several of these men may have taken review courses since they left the campus, but they were as well qualified for their life work when they received their degrees as the graduates of any Detroit or Chicago

college of those dates. The output of Ann Arbor has been too good to proclaim the school a failure for all these years at this late day.

Dr. Harvey Dale, Oshkosh, Wis., is opposed to the proposed examining board medical bill in his state, and briefly outlines the following reasons for opposing its passage. They are good ones and all-sufficient:

"I am opposed to the medical bill in question, in Wisconsin, because I do not believe in any examining board measure. In the first place, there is no guarantee whatever that the members of any such board will be qualified to sit in judgment upon the output of our colleges. Doctors who are on good terms with the Governor, or have some other political "pull," are quite likely to be appointed. Again, even if the members of the board be in every way qualified to examine candidates it is folly to presume that they can in a day or two ascertain any man's qualifications or the lack of them. Our college professors are in every way fitted, after years of personal association with a student, to pass judgment upon his personal ability and fitness to treat the sick. I grant that those professors are sometimes too careless about holding the candidate up to the proper standard; but the way to remedy that is to supervise the colleges themselves, not to hold an autopsy upon their product.

"I believe thoroughly in state regulation of our medical schools. I would like to see a law requiring every man who essays to treat the sick to possess a diploma from some recognized college. I would go further and compel every doctor to display his diploma or other evidences of capability upon the walls of his office, so that the public might know just whom it was employing. But I am well convinced that the examining board plan is a humbug and calculated to defeat the very ends it claims to accomplish. There are other minor defects in this Wisconsin bill, but the one outlined overshadows all the rest."

WASHINGTON WHISPERINGS.

Our hospital has sustained a great loss in the death of Mr. Lewis Clephane, who was for a number of years the secretary of the hospital association.

Drs. Harrison, Gilbert, Wilson, Branson, Hawxhurst and Swormstedt have been victims of the "grip," but have fully recovered and resumed their professional duties.

Dr. Edwin S. Lathrop, a graduate of the Southern Homeopathic College of Baltimore, has been appointed physician to the poor, vice Dr. Marvin A. Custis, whose term expired.

The February meeting of the Washington Medical and Surgical Club was held at the residence of Dr. S. S. Stearns. Several interesting cases were reported and discussed, after which the meeting adjourned to the dining room, where a sumptuous repast was in waiting and enjoyed.

An examination for the position of assistant resident physician in the National Homeopathic Hospital will be held in the hospital about the middle of April. Those wishing to take the examination can secure any information desired by addressing the secretary of staff, Dr. H. H. Hawxhurst, 1333 "L" Street, N. W.

The board of trustees of the hospital have adopted a three years' course in the Training School for Nurses, instead of two years. It is believed that this will prove more satisfactory to all concerned and will enable the nurses to gain more knowledge of their duties and better equip them for their chosen vocation in life.

La Grippe visited Washington during the winter months and made busy times for the doctors. During the early part of its visit it was in mild form, but later on it became more violent and carried off many with pneumonia. A peculiar feature of our pneumonias this season has been that a large number of them have been in the left lung.

During the inaugural ceremonies of President McKinley the following homeopathic physicians visited Washington and enjoyed the "sights": Dr. Norcross, of Lewiston, Me.; Dr. H. E. Bowles, Hammonton, N. J.; Dr. A. M. Cushing, Springfield, Mass.; Dr. Charles A. Wayland, San Jose, Cal.; Dr. Day, of Martinsburg, Va., and Dr. P. J. Montgomery, of Council Bluffs, Ia. Doubtless there were others also.

At the last meeting of the board of trustees of the hospital three changes were made in the personnel of the staff: Dr. Margaret Hislop was elected to serve in the place of Dr. Grace Roberts, whose term expired; Dr. W. F. Corey was selected to fill the place made vacant by the resignation of Dr. Edgar Janney, and Dr. Chas. A. Davis takes the place of Dr. Geo. H. Lee, who on account of poor health declined a re-election.

The medical staff of the hospital held its annual meeting March 1st, and after transacting considerable business of a routine character and adopting a new set of rules governing the hospital, elected officers for the year, as follows: Executive committee: Drs. L. B. Swormstedt, Ralph Jenkins and R. Kingsman; secretary of medical staff, Dr. H. H. Hawxhurst; training school committee: Drs. L. B. Swormstedt, T. L. Macdonald, H. H. Hawxhurst and R. Kingsman.

Dr. J. B. G. Custis, president of the American Institute of Homeopathy, reports that the several sectional chairmen have informed him that their work is well under way and it seems at this time that the next meeting of the institute will be one of the largest and most interesting ones that has ever been held. It is to be hoped that the transportation committee will succeed in prevailing upon the railroad companies to give a one-fare trip next summer. Dr. Custis is exerting every means at his command to make the next meeting a success in every respect.

The act to prevent the spread of contagious diseases is now in effect, and is regarded as a very important law. It provides that contagious disease shall mean in this act Asiatic cholera, yellow and typhus fevers, small-pox, leprosy, plague, and glanders. It provides among other things that in every hospital and dispensary there shall be provided a suitable room or rooms for the isolation of persons infected. Physicians must report whether this is done to the Health Officer. Every person arrested for alleged violation of law, whose detention in a police station, workhouse or jail would in the opinion of the Health Officer expose the occupants to infection, may be confined in any hospital in which persons suffering with the disease with which the arrested person is afflicted, or believed to be so, are treated. Every person having been exposed to the infection of small-pox, including varioloid, shall be at once vaccinated. The commissioners can require vaccination on the part of every one who has not been successfully vaccinated within five years at any time when they deem it necessary for public health.

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Materia Medica.

This department is in charge of Prof. Willis A. Dewey, M. D., Professor of Materia Medica and Clinical Professor of Nervous Diseases in the Homeopathic College of the University of Michigan, at Ann Arbor. All contributions for it should be sent direct to Professor Dewey.—Editor Medical Century.

PRACTICAL THERAPEUTICS OF LOCO-MOTOR ATAXIA, WITH COMPARISONS.

BY W. A. DEWEY, M. D., ANN ARBOR.

Argentum Nitricum.—This remedy perhaps presents more symptoms of a typical case of loco-motor ataxia than any other. It produces an imperfect co-ordination of muscle in the first place, and we have symptoms like these: Unable to stand in the dark or with the eyes closed; legs weak and calves feel bruised; there is loss of the pupillary reflexes, and perhaps incontinence of urine. It is the great remedy for inco-ordination. For the fulgurating pains without any sense of inco-ordination or exhaustion Ammonium muriaticum is our chief remedy. It has rending, tearing, painful jerks in the thighs, lower limbs and joints, with a sense of soreness. Argentum nitricum has a feeling of soreness in the small of the back, which is worse on rising; it has trembling of the hands; the patient is nervous. It is a remedy used largely by the old school in large doses for this affection, but it works harm rather than good when indiscriminately used, both as to indications and as to dose. Atrophy of the optic nerve is also a symptom; the fulgurating pains are present but inco-ordination is the main characteristic, hence the remedy comes in not so much in the incipient stage as when the disease is further advanced.

Alumina: Alumina is a remedy which has a number of important symptoms corresponding to this disease, and it stands with Argentum nitricum and Secale near the head of the list. It has impairment of co-ordination and symptoms like these:

Soles of feet feel swollen and too soft, numbness of heels.

Heaviness of limbs—can scarcely lift them.

Inability to walk, except with eyes open and in the daytime.

Pain in the back, as if a hot iron were thrust through the vertebrae.

Lightning-like pains shooting to and fro in the back and abdomen.

Sensation as if ants were crawling on his legs; extremities go to sleep.

Thus it is seen that Alumina must be a very important remedy. It has the ataxia and the fulgurating pains and the weakness and the formication. It was recommended first by Boenninghausen, and has been repeatedly verified since his time. Another prominent symptom is a sensation as if a cobweb were on the face, or as if the white of egg had dried on it.

Secale Cornutum.—This remedy produces a condition very similar to loco-motor ataxia. It has in the first place three of the principal symptoms of the disease, namely:

1. Absence of knee jerk.
2. Fulgurating pains.
3. Ataxia.

Cases of poisoning by ergot have proved that changes in the spinal cord, wonderfully similar to those found in loco-motor ataxia, are produced by the remedy, and also that the symptoms of the two conditions bear a strong similarity. The prominent symptoms are these:

Difficult, staggering gait, even complete inability to walk, not from want of power, but on account of a peculiar unfitness to perform light movement with the hands and limbs.

Contraction of lower limbs on account of which the patient staggers.

Trembling of limbs, sometimes with pains.

Formication of hands and feet.

Excessive sensation of heat with aversion to being covered.

These are all symptoms found in tabes, and Secale will be the remedy when these are present, and will stop the sclerotic tendency.

Silicea.—This remedy has a tendency to overnutrition, an overgrowth of neuroglia, with its resultant contraction and sclerosis. It is to be prescribed for these symptoms:

Fulgurating pains, inco-ordination, weakness of the lower extremities, with a tendency towards destruction of tissue, particularly ulceration of the feet and toes about the nails.

It has great nervous irritability and debility.

It may be advisable to give it for a long time—for months—with any other as an intercurrent.

Plumbum, too, perhaps is a near pathological simillimum to loco-motor-ataxia. It produces paralysis with atrophy, loss of co-ordination, anaesthesia and impotence.

The fulgurating pains of this remedy are worse at night and sometimes so severe as to make the patient cry out.

Dr. James E. Lilienthal suggested the use of Plumbum phosphoricum in this disease, reporting favorable results from its use.

Belladonna.—In the incipient stage Belladonna is often indicated. There is inco-ordination of the upper and lower extremities; the patient raises the foot slowly and puts it down with great force. When walking he raises his legs as if he had to pass over an obstacle; fulgurating pains which are lightning like.

It has the diplopia, amaurosis, trembling of limbs,

and tottering gait is also found in its rich symptomatology.

For the fulgurating pains besides those mentioned we have a number of others:

Pilocarpine 2x has been found to be of use.

Zincum is also a remedy useful at the beginning. With this remedy the fulgurating pains are marked and intense; there are twitchings and the whole body jerks during sleep.

Physostigma is also a remedy for these severe pains.

Belladonna is also a useful remedy in the last stage of the disease when gastric crises are present.

Picric Acid.—Sometimes in the earlier stages of the disease there is much painful sexual excitement. Picric acid will subdue this. This drug also produces great weakness of the legs, with numbness and crawling, and pricking as from needles. The patient is easily exhausted. This is a key note of picric acid: "Easy exhaustion from slight exertion." The limbs are very heavy—feel as if encased in elastic stockings.

Phosphorus.—Among the symptoms calling for Phosphorus are atrophy of the optic nerve, with flashes of light; trembling of the hands while writing; great nervous prostration; fulgurating pains in different parts of the body; excited by the slightest chill; great sexual excitement.

Nux vomica may be the remedy when the disease is brought on by sexual excesses.

Nitric Acid.—This remedy produces a sclerotic contraction of the nerve-cells and this corresponds to primary syphilitic degeneration; hence in the higher potencies it becomes a valuable remedy in loco-motor ataxia when of syphilitic origin. The cerebral action of Nitric acid corresponds closely to tabes. Among special symptoms calling for it we have severe headache, with tension; imperfect vision; mental depression and irritability; weakness of the memory; sharp pains in the lower extremities, reminding of the fulgurating pains, as they appear and disappear suddenly.

Kali hydriodicum is another remedy especially adapted to the syphilitic form of tabes. It should be used in the homeopathic potencies, not in crude doses.

MATERIA MEDICA NOTES.

BY W. A. DEWEY, M. D., ANN ARBOR.

Phellandrium Aquaticum is a useful remedy in painfulness of the breast after the child has nursed it dry. Pains seem to course along the milk ducts. This is similar to croton tiglium. Under this remedy the pains shoot through to the back upon nursing.

Gnaphalium.—A characteristic indication for this remedy in sciatica is that the pains seem to involve every nerve in the region of the hip and alternate with a numbness and formication.

Plantago Major.—A snake tamer divulged his secret of making rattlesnake bites harmless and showed upon himself the action of the drinking of the juice of the plantago major and the application of a poultice of the crushed leaves to the bitten part. In poisoned wounds from catfish horns, Platango applied acts excellently. The action of Plantago in neuralgic earache, with pains going from one ear to the other through the head, as well as its local use in toothache in hollow teeth, and its use in eneuresis should not be forgotten.

Euphrasia.—The symptom of Euphrasia, "Pressure in the region of the anus on sitting," has been verified by Dr. Bruckner, who prescribed it in a case of prolapsus of the rectum, which had existed nine months. The fact that the child was averse to sitting and some characteristic catarrhal symptoms led him to the drug, which he prescribed in the 30th potency.

Iodoform.—In the pathogenesis of iodoform, published by Dr. Marc Jousset, we find the following symptoms which are somewhat similar to locomotor ataxia: Great weakness of the legs, impossible to stand, walking very difficult when the eyes are closed, stiffness of the limb, dilation of the pupils; they contract unequally and react poorly to light; diplopia, paralysis of the sphincters. Iodoform has been used successfully in tubercular meningitis, and evidently exercises a marked action on the nervous system.

Cocaine.—Magnan described as a characteristic symptom of cocaine poisoning an hallucination of sensation which consisted of a sensation as if foreign bodies were under the skin, generally small, round substances like grains of sand.

Korsakoff reported the case of a woman suffering from multiple neuritis, who complained of a sensation as if a worm were under the skin. This woman was being treated at the same time for a uterine affection by means of vaginal tampons containing cocaine. A discontinuance of these caused the subcutaneous sensation to disappear.

Bryonia in Pneumonia.—Bryonia has been prescribed in all doses in the treatment of pneumonia, and cures have been made with all doses. Dr. Cretin prescribed forty drops of the mother tincture per day. Tessier used the 12th dilution, others employ the 30th. From a very long experience and questioning the wisdom of experiments in a disease which may terminate so rapidly in death, I remain faithful to the 6th dilution, of which I prescribe a few globules in 200 grammes of water, a teaspoonful every two hours.—Dr. P. Jousset, L'Art Medical, February, 1897.

Materia Medica Conference.—The coming Materia Conference promises to be of great interest. Names are coming in for the five-minute discussions quite rapidly. Those wishing to take part are urged to send in their names to the secretary as soon as possible, in order to make up the program.

The topics to be discussed are as follows:

1. Does critical analysis of drug provings by the chart method mean too much elimination?
2. Is the method of the Baltimore Investigation Club qualified to fulfill its purposes?
3. Purification by means of comparisons with normal standards.

CALCAREA FLUORICA — CEANOTHUS — LYCOPODIUM. CLINICAL VERIFICATIONS.

REPORTED BY IRVING P. SHERMAN, M. D., NEW YORK.

The New York Homeopathic Materia Medica Society held its regular monthly meeting on Wednesday evening at 334 West 58th street. Dr. Stuart Close, of Brooklyn, was the guest of the evening. Drs. Wm. O. McDonald and F. K. Hollister were elected members of the society.

Verifications were reported as follows by Dr. Milton Powels:

Calcarea Fluorica for Hepatic Pain —A case of sharp, shooting pains in right hypochondrium relieved in a few hours by Calcarea Fluorica, 90000.

Ceanothus for Sore Spleen.—A case of aching sore

pain in region of spleen for over two years, entirely relieved in one week by Ceanothus 30.

Lycopodium—Suppressed Menses.—In a case of sudden suppression of menstruation from fright, characterized by intense restlessness of the patient, could not lie or sit still, prescribed Lycopodium 43 M. (Fincke), by olfaction, and in fifteen minutes patient was asleep and menses returned about eighteen hours after, and continued to the end without pain.

Discussion.—Dr. M. Musits has had good results from the use of remedies by olfaction.

Dr. Deschere has had experience, especially with Ignatia 30, by olfaction in a case of cataleptic seizure, where there was a rapid relaxation of the muscles immediately after the first inhalation of the remedy. Has also used this remedy by olfaction with decided success in convulsions of children, especially if they are of a reflex character.

Dr. Stuart Close, of Brooklyn, presented a very interesting and carefully prepared paper upon "Symptoms: A Study."

Dr. H. K. Leonard, of Winters, Pa., presented interesting verifications upon Antimonium crudum 3x.

Surgery.

SURGICAL TREATMENT OF DISEASES OF THE NOSE.

FOURTH PAPER.

BY W. E. GREEN, M. D., LITTLE ROCK.

Diseases of the Nasal Accessory Cavities.

The Maxillary, Ethmoidal, Sphenoidal and Frontal Sinuses constitute the Accessory Cavities, which communicate more or less directly with the nasal passages. Of these the ethmoidal is of the greatest importance to the rhinologist, since they are most frequently the seat of morbid invasion. These sinuses comprise a number of cells situated in the lateral masses of the ethmoid, interposed between the vertical plates, the outer ones of which form part of the orbits and the inner ones part of the nasal fossae. Each of these lateral masses is divided by a thin transverse bony partition, with no opening between. The anterior cells communicate by a large orifice, the infundibulum, with the upper and front of the middle meatus. The posterior, the larger, opens into the superior meatus. These cavities are lined by mucous membrane, a continuation of that supplying the nasal passages; therefore, through continuity of tissue they are more or less subject to invasion by diseases that affect these fossae. When from any cause the cell structures take on inflammatory action there is consequent interstitial exudation and a hyper-secretion of mucus; at times the edema is sufficient to occlude the outlets, effectually cutting off the natural drainage; germ-infection soon follows and an acute suppuration develops. The devitalizing properties of accumulated pus rapidly destroy the soft-tissues and soon soften and disintegrate the bony structures. In time the purulent secretion makes its way through the natural channels, usually the infundibulum, but often not until irreparable damage to the delicate structures of the cells has resulted, and a chronic morbid process is entailed. The lingering inflammation may develop a myxomatous growth (a polypus) or establish a permanent muco-purulent secretion, or both, with the attendant train of characteristic symptoms.

Subjective Symptoms. Among the prominent subjective symptoms attending Ethmoiditis may be mentioned, severe headaches, neuralgias, especially inter and supra orbital, mental hebitude (aprosexia), asthenopia, violent sneezing, attended with coryza, cough, asthma, with many other reflex neuroses.

Objective Symptoms. One of the most disagreeable objective symptoms attending the suppurative process is the constant discharge of offensive purulent matter into the nasal chamber. When the pus escapes through the anterior opening it is usually expelled through the anterior nares, necessitating frequent blowing of the nose and the use of the handkerchief. The offensive matter, where the patient is not cleanly, accumulates around the edges of the nostrils, becomes matted among the hairs, forming crusts that emit a disagreeable odor and are difficult to remove. The discharge from the posterior opening flows into the pharynx, producing more or less discomfort, at times nausea, and causes the patient to complain of disagreeable tastes.

The pent-up accumulation of inflammatory material may be so great as to cause, by its pressure, a bulging of the eye (exophthalmus), or the morbid secretions may at times escape into the orbit.

Treatment.—Owing to the persistent and serious nature of chronic suppurative ethmoiditis all acute attacks should receive the prompt and earnest attention of the physician. This stage must be managed by therapeutical measures; the indicated remedy should be administered, aided by the local use of hot, mildly antiseptic alkaline douches. The chronic stage of the disease to be successfully dealt with must be treated by surgical methods. When the suppurative stage has been reached, operative interference, in order to relieve the patient of his suffering and discomfort, becomes imperative. The object of treatment is to clear out the celluiar structure, reducing the sinus to a simple cavity and establishing free drainage. This is accomplished by first removing the middle turbinated bone, then with the curette the trabecular walls are broken down and all the diseased structures removed.

It will usually be observed that where ethmoidal diseases exist the middle meatus is very narrow, so that the outer and inner walls lie closely together, the middle turbinated bone often appears as though it was wedged in closely between the opposing structures. By the aid of the probe it can usually be ascertained that a state of hyperplasiac thickening of the structures exist on either side. It will often be necessary, in order to get the necessary room for manipulation and to insure ample drainage, to reduce this redundancy before attempting the more formidable operations upon the ethmoidal masses. This may be accomplished by cutting multiple vertical gashes along the plane of the septum, with the galvano cautery knife. The constringing effect following the application of cocaine will give the necessary room for examining purposes.

Operation.—After first cleansing the nasal passages the middle meatus is cocainized with a 6 per cent. solution, by means of a pledget of cotton applied by a holder. After the parts have become thoroughly anesthetized the enlarged turbinated body, which is usually friable, is removed. This may be done with a Jarvis snare, but it is best accomplished with a strong forceps, those shown in Fig. 1 being well adapted to the purpose. The projecting body is grasped in the jaws of the forceps and twisted away piecemeal by repeated snips. After this has been accomplished a curette, Fig. 2, devised by the author, is introduced into the sinus and the mass of tissue filling the cavity is scraped away. It is especially

important that all necrosed or exfoliating bone-structure be removed. It is not unusual that two, three and even more, sittings may be required to

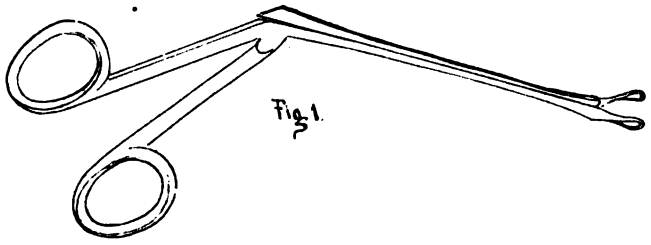


Fig. 1.

insure perfection in results. The manipulations are conducted largely through the sense of touch, therefore delicacy of manipulation and calmness of thought must be enforced; the operator all the while bearing in mind that he is excavating in dangerous proximity to the base of the brain and that a mere tissue of bone separates the point of his instrument

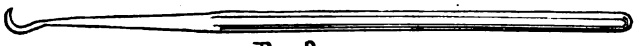


Fig. 2.

from the orbital cavity; yet, with all, the work must be thoroughly done or satisfactory results will not follow. But slight bleeding attends the operation and little discomfort follows it.

After-Treatment.—The after-treatment consists in keeping the parts scrupulously clean by the use of mildly antiseptic alkaline washes or spray, repeated twice daily, until the healing process is complete. A recital of a few cases will serve to emphasize the importance of properly conducting surgical treatment.

Illustrative Cases.—Case 1. Judge ——, of the United States Circuit Court, consulted me on account of a long standing nasal trouble, which presented all the characteristics of chronic ethmoiditis. After removing all other accompanying nasal lesions the ethmoid masses were attacked as heretofore described, the trabecular walls were broken down and all the pathological debris removed with the curette. The recovery was prompt and most satisfactory. The distinguished jurist never meets me but that he relates the benefits that he has derived from the operation.

Case 2. Judge E. ———, member of the Arkansas Supreme Court, consulted me on account of a chronic suppurative discharge from the right nostril, which gave him great annoyance and discomfort. Upon an examination I observed that pus oozed down from the middle meatus. I diagnosed chronic suppurative ethmoiditis, and proceeded to evacuate the sinuses by first cutting away the middle turbinated body and then with the curette scraping away the exfoliating necrosed bone and the granulating soft tissue that filled the cavity. This process was repeated in eight weeks. There is yet a small surface of bone denuded of its periosteum that I cannot remove. Much improvement has followed the procedure, and since free-drainage is established the frequent recurrence of the offensive purulent discharge from the nose has subsided.

Case 3. Judge ———, a prominent attorney from a neighboring town, consulted me on account of a "running catarrh." He stated that he had received much treatment without benefit. He complained of pain in the frontal region and an offensive, disagreeable discharge from the right nostril. An examination showed the characteristic accumulation of matter matting together the hairs at the entrance of the nostril. A creamy discharge was seen to issue from the middle meatus. A think probe passed up into the region of the ethmoid sinus revealed the presence of necrosed bone. The walls were in such close proximity that a visual inspection was impossible. As this was largely due to hyperplasiac thickening of the soft structure treatment by the galvano-cautery was first instituted. After recovery from this had taken place the middle turbinated body was removed and the sinus curetted; this was repeated several times at intervals of six to eight weeks. The subjective symptoms largely disappeared, the amount of the discharge greatly diminished and its offensiveness was almost entirely dissipated. While not entirely cured, the patient expresses great satisfaction at the results.

The Maxillary Sinuses (Antrii of Highmore).—This cavity, one on either side, the largest of the accessory sinuses, pyramidal in shape and variable in size, is hollowed out of the maxillary bone. It is surrounded by thin bony walls and communicates with the middle meatus of the nose by two small openings, usually of sufficient size to admit the point of a probe. Its mucous lining, though more delicate in structure, is continuous with that of the nasal passage.

A very limited number of cases of hypertrophic rhinitis are complicated by disease of the antrum. The most frequent cause of the disease has its origin in the nasal fossa. The pathological lesion here (usually hypertrophic in nature), causes a thickening of the membrane lining the maxillary outlet, ultimately producing occlusion. The natural drainage being obstructed, hyperemia and its associate hypersecretion supervene, with ultimate bacterial infection, with its consequent purulent accumulation. Other causes are responsible for antral affections, but they do not come within the bounds of this paper. When the mucous membrane lining the sinus once becomes involved the morbid process that usually attends inflammatory diseases of this structure in other regions follow. The capillary vessels become hyperemic and serous exudation infiltrates the membrane, causing more or less edema and thickening. As the disease progresses the deeper structures become involved, the minute blood vessels supplying the delicate tissue rupture, and ecchymosed spots dot the surface. The membrane multiplies, often many times in thickness; the periosteum becomes involved in the inflammatory process, and hyperplasia of bony tissue may result. These new bony growths may project into the cavity in the shape of lamellae, spiculae or bony tumors.

When disease first involves the antrum it may be that a feeling of discomfort is manifest, but as the exudations increase and the cavity becomes overfilled with sero-mucus or purulent accumulations pain develops, which soon becomes a prominent and at times an agonizing symptom. It extends over the side of the face, more or less involving all structure adjacent to the cavity. If the distension becomes great the pressure may cause bulging into both the orbit and oral cavities, with all the consequent disturbances.

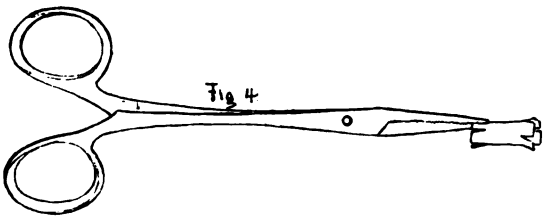
Morbid Possibilities.—The morbid possibilities attending a neglected accumulation in the antrum are many and far-reaching in their effect, though such attacks, if properly managed, are rarely attended with serious results. Chronic suppurative diseases of the antrum are usually tedious in their nature and require a long course of treatment for their relief. On the other hand, acute catarrhal attacks result-

ing from acute rhinitis frequently terminate promptly by resolution.

If a spontaneous evacuation of the retained fluid occurs it is discharged into the middle meatus. It is usually purulent in character, but slightly offensive, of yellow color and intermittingly evacuated. The discharge takes place unexpectedly, several times a day, running or dripping from the nose profusely. In acute atacks the treatment should be directed to the relief of the acute rhinitis. To prevent recurrence all existing nasal disorders should be relieved. If turbinated hypertrophies or nasal polypi are present they should be removed; if deformity of the septum exists it should be corrected.

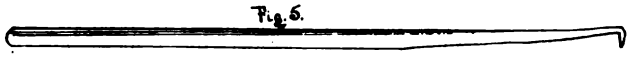
Drainage and Irrigation.—In the management of chronic suppurative diseases of the antrum thorough drainage and irrigation are all-important factors. If these can be accomplished through the normal orifice, well and good; if not, an artificial opening into the cavity must be made. A careful inspection of the nasal fossa should be made, both with and without the contracting influence of cocaine, and the course of the occlusion to the natural outlet, if possible, be ascertained. If found it should be removed and the passage cleansed and freed from obstruction with the douche or spray.

Surgical Procedure.—It is not uncommon that this line of treatment fails and surgical interference will be required. If the first or second molar tooth is diseased it should be drawn and the antrum reached by this route. If the teeth are all sound they must not be sacrificed, but an opening should be made in the canine fossa, just above and back of the tip of the root of the second bicuspid tooth. An opening made here enters the antrum at the lowest point and gives free exit to the purulent matter; besides it offers the best facilities for irrigation. With a three-sixteenth or a quarter-inch trephine, propelled by an electric motor or a dental engine, the bony structures are cut through, as at Fig. 3, at an angle upwards and backwards, so as to enter the antrum at the most dependent point. After the opening has been made and the cavity irrigated thorough exploration is instituted in order to ascertain if diseased bone or abnormalities exist. A lead drainage-tube, with a flange on either end (to retain it in position), is introduced. The tube is constructed with wings on either end, Fig. 4, which are turned down, to fit snugly after the instrument is introduced. The internal flange is forced down by an iron rod, with



the point bent at right angles, Fig. 5. After an opening into the antrum has been secured the after-treatment consists in daily irrigation with a mildly antiseptic alkaline solution, Seiler's and the normal salt solution being preferred, until the parts are restored to a healthy condition.

In long-standing cases the application of the curette to remove inflammatory products may be-



come necessary. This operation is usually attended with considerable hemorrhage, but it is of little consequence, as it soon subsides.

The Frontal Sinuses.—Acute catarrhal inflammation of the membrane lining the frontal cavities is of rather frequent occurrence. It usually arises from the same causes that excite disease in the antrum, and the pathological sequences here are similar to those that develop in that sinus. Suppurative conditions, however, are very rare. This is attributable to the fact that the infundibulum opens from the most dependent part of the floor of the cavity, therefore giving free exit to the secretions. The disease usually develops during the course of an acute attack of rhinitis, though the blocking up of the outlet may be incident to any of the chronic hypertrophic changes in the nasal cavities, as septal deflections, nasal polypi, turbinal thickening, ethmoidal diseases, etc. Trauma and syphilis are, at times, etiological factors in the development of empyema of these sinuses.

Symptoms.—The symptoms are always more or less blended with those that belong to the exciting disorder. The most pronounced symptomatic manifestation of the disease is a sense of fullness above the nose and the existence of uninterrupted pain across the brow, accompanied by tenderness over the affected region. The escape of pus into the nasal cavity is always followed by more or less alleviation of the discomfort and pain. The discharge is usually of an orange-yellow, considerable in quantity, and at first, more or less offensive.

Treatment.—The treatment applied to an acute catarrhal attack should be such as would remove the inflammation and congestion of the nasal mucous membrane, thereby removing the obstruction to the outlet. The same in nature as is required in acute ethmoiditis. The occasional application of a 2 per cent. solution of cocaine or antipyrine, by means of an atomizer, will contract the engorged capillaries and permit the escape of the accumulated secretions. In conjunction with this, frequent and profuse douching with hot, mildly antiseptic alkaline solution should be instituted. The application of dry heat to the frontal region will frequently greatly ameliorate aching pain, and by its constringing power lessen the congestion. The indicated homeopathic remedy should be persistently administered.

Surgical Measures.—If well directed therapeutical treatment fails to give relief surgical measures should

be instituted and an outlet given to the pent-up secretions. Beginning one inch above the orbital arch and three-fourths of an inch to the outer side of the median line, a curved oblique incision is carried downwards and inwards to a point below the naso-frontal articulation, down to the periosteum, b. Fig. 3. This membrane is then elevated and the flap deflected outward. A small trephine is then applied midway between the internal border of the orbital arch and the median line, with its lower edge resting upon the naso-frontal articulation, the instrument pointing backward and somewhat upward, c, Fig. 3. After entrance has been effected the sinus should be irrigated and thoroughly explored, and all existing pathological changes be noted and properly dealt with. If necessary the opening may be enlarged with chisel for this purpose. If the empyema is of long standing it may become necessary to remove the bacterial products from the lining membrane with the curette. If the infundibulum is found to be obstructed it should be opened up, either with a probe or a drill, and a drainage-tube be applied. In fact, it is highly important that ample drainage by this route should be secured. Sterilization is now accomplished by frequent irrigation.

Circumstances must govern the after-treatment of the external wound, but it must be managed according to the most exacting demands of aseptic methods.

The Sphenoidal Sinuses.—These, like the other accessory cavities, are subject to disease and are usually consequent to nasal disorders. The etiology, pathology, symptomatology and treatment, are closely related to ethmoiditis; in fact, the one usually complicates the other. Suppuration in this region, however, is of a more serious nature than when it occurs in the ethmoidal cavities. The pain is deep-seated and constant, and trifacial neuralgia is more or less present. Ocular symptoms often attend the disease and sudden amaurosis may develop.

When suppuration involves the sphenoidal sinus the prognosis is grave. In acute attacks of catarrhal inflammation the line of treatment outlined in acute ethmoiditis should be followed.

Surgery offers but little hope when the suppurative process is once established. Methods are proposed, but seldom executed; their practical application is very doubtful. All disorders of the nasal passages should be removed. If the ethmoid cavities are involved the cells should be cleared out and every means used to insure drainage and maintain cleanliness.

CEREBRAL CONCUSSION WITH CONTUSION—A CASE.

BY FRANK BRANEN, M. D., CHICAGO.

In actual experience at the bedside of the patient suffering from the more severe injuries of the brain we often find the classical symptoms that have been laid down for the several conditions known as concussion, contusion, and compression, so thoroughly mixed that an attempt to establish a clear diagnosis seems almost impossible. Unless we find to be present from the first such symptoms as hemiplegia, dilation of one pupil, and stertorous breathing, we absolutely cannot say early in the case which of these conditions it will prove to be.

Illustrative Case.—To illustrate how these conditions may merge one into the other, I wish to report more or less in detail a case to which I was called in counsel by Prof. Sheldon Leavitt and which I afterward attended in company with him.

James F., aged 20, while "scorching" on his bicycle, ran against the top of a sewer manhole and was thrown forward, sommersault fashion, fourteen feet, striking the hard street well up in the left parietal region. Medical aid was called and he was put in a carriage and driven to his home, a distance of four miles, during which time there was active vomiting, the patient being in a comatose condition. On reaching home he had so far regained consciousness that he was able to walk into the house, with an attendant on either side. The family physician arrived and found his temperature subnormal, pulse 40, breathing slow and shallow. The pupils, however, were of equal size, reacting to light slowly, and there was no retention or involuntary voiding of urine. The pulse soon became almost normal and the vomiting ceased. The patient continued to answer in monosyllables when spoken to loudly, and talked incoherently. An ice bag was placed on the head and kept there all of the first week. The perspiration was entirely suppressed, although the weather was excessively hot, and the bowels were constipated. It was not difficult for the patient to swallow nourishment, although it was frequently vomited.

The condition so far was not considered serious and there was a slight improvement, without any particular change, until the night of the fifth day, when the temperature rose to 120 degrees, the coma becoming deeper until on the evening of the seventh day (when he was first seen by me) the stupor was almost complete, with stertorous breathing, low muttering, temperature 102.5, pulse 120 and intermittent, involuntary urine, face pinched, cold nose and extremities, with a prognosis from the retiring physicians that he probably would not live until morning.

As there was no record kept of the case before this time my knowledge of it is incomplete, but as far as I could learn it consisted principally in the use of codeine and the local application of ice, with a dose of croton oil on the fifth day to move the bowels, which was not successful. The ice was removed from the head, the bowels were given a complete flushing with plain hot water, with a moderate dilation of the sphincter muscle, and Belladonna, 3x, was prescribed, to be given every hour. Complete quiet in every particular was enjoined, an experienced nurse was employed, and none but the attendants allowed in his room. With these changes in treatment the complexion of the case was materially changed within the hour. The heart became more regular and dropped in rate six beats per minute, and the breathing lost much of its stertor. On my next visit, three hours later, the feet and legs had become much warmer and the heart and respirations had still further improved. This was on the evening of the seventh day after the injury.

Eighth day—Temperature 101.5, pulse 108; patient can be aroused with difficulty, but would not answer. Swallows fairly well, so that he is taking one-quarter of a glass of milk every two hours, with a small amount of ginger ale occasionally. Bowels flushed with hot water.

Ninth day—Temperature 100, pulse 92, bowels flushed. A severe erysipelas developed, spreading rapidly from the forehead to the mouth. The swelling and tumefaction were considerable and caused the temperature to rise to 102 in the evening. The erysipelas was caused, I believe, by the long continued cold rather than by the traumatism. Patient is very restless to-night.

Tenth day—Temperature 99.5, pulse 94. Patient

very restless. Diet of beef tea, milk and ginger ale. Apis 3x every hour.

Eleventh day—Almost impossible to keep the patient in bed. This is the first of which he has any recollection.

Twelfth day—Temperature 98.5, pulse 82. Erysipelas rapidly disappearing. Gave two ounces of the citrate of magnesia, followed by a flushing of the bowels in a few hours. From to-day the improvement was steady and the course of the case uneventful to complete recovery.

His nurse, Mrs. Kate Foos, remained with him a week longer and her record of the case shows that the patient slept and ate well, and that his mind was entirely clear.

This case is of especial interest for several reasons. The development of grave symptoms after the patient had gone along apparently well for five days looked suspicious of cerebritis, but many of the symptoms of cerebritis were wanting. A consultation of surgeons was held on the sixth day to consider the advisability of trephining, but in the absence of symptoms pointing to pressure in any particular part of the brain, and considered the condition of the patient, it was not done. The case presented in its course symptoms of concussion, contusion and compression. As to the concussion there can be no doubt; contusion is probable, while the condition simulating compression, and which came near ending the patient's life, I think, without doubt, was caused by the untimely and over-use of the ice.

The Use of Ice.—When to use and when not to use ice in severe cases of injuries to the brain I believe to be a question which requires our more careful consideration. It is mentioned in the text-books as a routine treatment to elevate the head and use cold applications after reaction has set in; but in this and other cases which have come under my notice its use has resulted in positive harm. It is a most valuable adjunct when the symptoms of reaction are of such intensity that they become in themselves dangerous, or hemiplegia or other symptoms of localized hemorrhage appear early. We also consider the constitution of our patient. His reaction may be very poor at the best. The condition which we know as reaction is an expression of nature's own efforts to restore the disturbed tissues to the normal state. If, instead of trying to squeeze blood from the brain by the contraction of its tissues, we would direct our efforts toward making room for it in other parts of the body our results would be more satisfactory. The capillaries of the body and the large veins of the abdomen often remain in a state of contraction after reaction has apparently set in, and if we can influence the vaso-motor nerves to relax them we will most successfully relieve the tension of the blood-vessels of the brain. To accomplish this we must of course appeal to the sympathetic system.

The Use of Heat and Electricity.—Our best agents are our homeopathic remedies, heat and electricity. Heat, applied externally in the region of the solar plexus, is very efficacious, as also is Faradism. The most useful adjuvant, to my mind, however, is the use of copious hot water flushings of the bowels. This procedure almost always has a most salutary effect, inasmuch as it quiets the vomiting, improves the heart and respiration, showing that it reduces the irritation in and about the floor of the fourth ventricle, which spot of all others in the brain, according to Duret, is the most liable to injury in concussion.

A means which I believe would be of much use, although I have never tried it, is the Faradic battery—using a very rapid interrupter, with the positive pole attached to a large rectal electrode, the negative at an indifferent point. It is very difficult oftimes to preserve quiet about the patient. The friends in their anxiety make repeated efforts to arouse him. This must be strictly interdicted. I also believe that there is a tendency to overfeed early after the injury. To guard against encephalitis we should give a very light diet of milk until such danger is passed.

Concussion a Legitimate Term.—I want to say a few words in defense of the word concussion. It is omitted from many of the text-books of surgery and of course not without reason, when we consider the pathology shown by post-mortem cases. My former teacher, Prof. Van Lennep, has omitted it altogether from the Homeopathic Text-Book of Surgery. But the term itself, which implies a shaking, agitation, or shock, fully describes the condition even if diffuse congestion or even extravasation be present—they belong to it.

The immediate symptoms of concussion are known as shock and syncope, followed by the initial spasm of the blood vessels, and this by their relaxation, producing vomiting, dizziness, etc., and in one case, which I attended, complete amaurosis lasted for twenty-four hours with no other symptoms following. Just recently a lady who received a concussion of the brain in June of last year consulted me. The immediate symptoms were slight and to all appearances not of much moment. However, in the course of ten days or two weeks troublesome ocular symptoms developed, consisting chiefly of periodic alternating convergent and divergent squint, with attacks of dizziness and slight epileptic seizures. Surely neither contusion nor laceration would apply to this case, for apparent reasons. These, then, are the symptoms of concussion. I would not have it understood that I take the position that a large or even a small per cent. of these cases are lacking in structural changes, but in view of the fact that there are so many symptoms that are so distinctly those of concussion it seems that it would be a good plan to pronounce many of these cases concussion with laceration, with compression, or whatever other condition may be present.

This paper has to do only with those cases where surgical interference is not deemed necessary or advisable, for statistics show that when such interference is at all indicated it is our duty to operate promptly.

SOME DEDUCTIONS ON THE RADICAL CURE OF INGUINAL HERNIA.

BY SCOTT PARSONS, JR., M. D., ST. LOUIS, MO.

Upon further investigation and experimentation of the hernial region, of the conditions existing previous to and after the descent of a hernial mass, both in the living and the dead, I am forced to recognize the infirmity and inadequacy that surrounds the present methods of operative treatment, and their inapplicability to certain conditions.

No chapter in the literature of surgery contains such promulgated theories and extravagant and varied efforts as concerns this condition. From "The Golden Puncture" of Berard to the Laparo-Herniotomy of Halstead covers a period of incessant toiling, from which many truths were brought to light and innumerable procedures presented to the profession, and yet there is room for improvement.

I do not disesteem the work of our master surgeons, nor do I design to dim for one moment the brilliancy of their intelligent conceptions; for they have substantiated for us a foundation upon which to build.

Having, like others, met with failures in the treatment of this malady, I have been led to a thorough investigation from which I have made the following deductions:

First—The Usual Incision.

This incision severs the skin, fasciae and muscular aponeuroses of the external and internal oblique, immediately over the rings and canal, and leaves, when these structures are reunited, layer upon layer of cicatricial lines, varying from one-eighth to one-half inch in width or more, if it becomes an open wound, which are directly over and in line with the rings and canal.

Cicatricial tissue is known to have but little resistance, grows softer and thinner with age, and on account of its scanty nutrition becomes readily absorbed. Is it advisable to have this weakened structure immediately overlying a part that requires architectural strength, the part that sustains the greatest pressure in the human frame? This is a great mistake, and lends to the outer abdominal wall an insecurity that favors relapse.

We cannot expect by closure of the internal ring alone to prevent a further bulging of the abdominal contents, for the transversalis fascia must be supported, and to do this it is necessary to utilize the overlying structures. And if these are severed and rendered atonic by the resulting cicatrices immediately in the line of required resistance the support is indeed infirm. Faux pas.

Second—Treatment of the Sac.

The freedom with which the authorities speak of the treatment of the hernial sac, dissecting it from its bed in its entirety, has somewhat puzzled me, for in my experience it has been the exception and not the rule. In cases of acute incomplete scrotal hernia I admit it is sometimes possible to lift the sac, but not without great difficulty. But where the hernia reaches the fundus of the scrotum, or in cases where the hernial sac is extensive, I do not think it is achievable in one case out of fifty to completely free the sac from its surrounding attachments within the limits of the operating period. In the congenital form this becomes more difficult, the sac being nothing more than slightly thickened peritoneum, which is so delicate and so firmly adherent to the cord that a dissection is next to impossible. I have never seen others nor have I myself been able to completely dissect out the sac. But believing that a small plug is better than no plug at all I have managed to get some portion of the sac with which to tamponade the internal ring.

Third—Closure and Obliteration of the Inguinal Canal.

The various operations do not fulfill the requirements in this particular. Suturing the pillars of the canal together or the conjoined tendon to Poupart's ligament, or carrying the external structures over the conjoined tendon, bridge over the inguinal canal, but do not obliterate it. It must be remembered that this interspace, after its occupancy by a hernial mass, which by its pressure has caused more or less absorption, with a consequent deepening, becomes a furrow. It is evident that a space is left between the transversalis fascia and the conjoined tendon. Particularly is this so when the cord is left in the old canal. If from the intra-abdominal pressure the structures at the internal ring weaken and give way, which they are almost sure to do because they are in no way supported, the further descent of the tumor is in no way prevented. I admit that a reparative plastic material may form between these layers and perhaps fill the unobliterated canal; but it is not of sufficient tenacity to resist the pressure and prevent a further passage of the hernia. It is for this very reason that the open method of McBurney is condemned.

Fourth—Support of the Pillars of the Internal Ring.

Herein lies the inadequacy of the present methods of operating. The first structures yielding to intra-abdominal pressure are those in and around the internal ring. When once the bowel or omentum, pro re nata, finds reception at this point its further progress is unobstructed and it travels with ease down the inter-muscular planes. It must be understood, then, that the essential feature of the operation is to close the internal ring if possible and to strengthen and support it to prevent a subsequent perforation.

The suturing of the ring margins together closes the ring, but a linea cicatrix remains as evidence of a previous aperture. This in itself is enervating and insecure unless fortified by other structures. The puckered sac placed on the abdominal aspect of the internal ring greatly assists in the obliteration of the congenital opening, but does not in any way support the pillars of the ring nor prevent a bulging or separation of the structures in or around the inner orifice of the inguinal canal. This is the most important step in the performance of a cure, and yet has received the least attention. We may sew up the abnormal opening as secure as possible, but give the transversalis fascia no support and we will have a relaxation directly in the line of union.

The transversalis fascia is the structure, paramount, that gives to the abdominal wall its powers of resistancy. It is the barrier that has been bombarded by the enemy and needs must be reconstructed and re-enforced to prevent their further intrusion.

Fifth—Occlusion of the Internal Ring.

That the restoration of the internal ring is important stands without a doubt and that we can look for better results when the ring can be occluded is obvious, but this cannot always be done. What are we to do with those cases where the internal ring is of such dimensions that the approximation of its pillars cannot be accomplished? In one case I found the internal ring one and a quarter inches in diameter and the greatest tension of the stitches would not bring the margins together. In another the transversalis fascia was torn until the lower end of the internal ring reached the pubic crest. I could pass my four fingers through the rent. In neither one of these cases could I completely close the abnormal opening. The present operations are absolutely useless in these cases, for the structures that could be used to seal up the opening by forming a pad external to the ring have been severed directly in the line of their usefulness.

Discerning wherein the present methods are at fault, and that it is possible to strengthen and support the pillars of the ring and obliterate the canal, utilizing strong, healthy structures, without the formation of scar tissue in or around the canal to weaken the parts, I have designed the following operation, which from the trend of the foregoing remarks may have been anticipated:

Author's Method.

A curved incision is made, with its convexity toward the umbilicus, commencing at a point midway between the anterior superior iliac spine and the internal ring, on Poupart's ligament, following the direction of the fibres of the transversalis muscle, is carried down close to the outer margin of the rectus in the linea semilunaris and terminated at the external abdominal ring. All the structures down to the transversalis muscle are divided and reflected downward and outward, exposing the inguinal canal and hernial sac (Plate I.). As the internal oblique and transversalis aponeuroses unite at the lineae semilunares and there is danger of severing both aponeuroses the separation must be commenced at Poupart's ligament, where the two muscles are separated by a cellular layer. The sac is now dissected out, when possible, the cord being located and isolated, and the neck freed from its attachments around the internal ring, transfixed in a proximal direction several times with a suture which, when drawn, brings the sac up into a series of folds (MacEwan). The needle carrying the same thread is made to pierce the transversalis fascia above the internal ring from within outwards. When drawn the sac is puckered and pulled through the ring, filling the infundibuliform process and forming a tampon on the abdominal aspect of the internal ring. The same thread is now used to draw the pillars together and lessen the size of the ring, or, if possible, to close it.

This is best done by means of mattress stitches passing from one pillar to the other, leaving a space at the upper angle of ring for exit of the cord (Plate II.). The spermatic cord is now examined and if necessary the superfluous or varicose veins are excised, after the method of Halstead.

Mattress sutures are now introduced around the internal ring and into the floor of the canal. For this purpose it is necessary to use seven or eight silk sutures, twelve inches in length, threaded to a small curved needle at each end. One needle is made to pierce the transversalis fascia about one-fourth of an inch from the margin of the ring, and emerge one-half inch from its entrance (of the needle), running parallel with the edge of the ring. The suture is pulled half way through, laid aside and a second suture introduced one-fourth of an inch from the exit of the first, and so on until the ring has been surrounded by sutures, which takes about four or five, or more if the aperture is large. Three sutures of the same kind are now inserted transversely into the bottom of the inguinal canal, one just above the external ring, another just below the internal ring, and a third between the two (Plate II.). These stitches are made to pass an inch beneath the transversalis fascia before emerging. It must be remembered that these stitches pass through and under the transversalis fascia, but do not pierce the peritoneum.

Care must be exercised in introducing the stitches on the under and inner side of the internal ring, for in this region the deep epigastric artery courses between the peritoneum and transversalis fascia. The

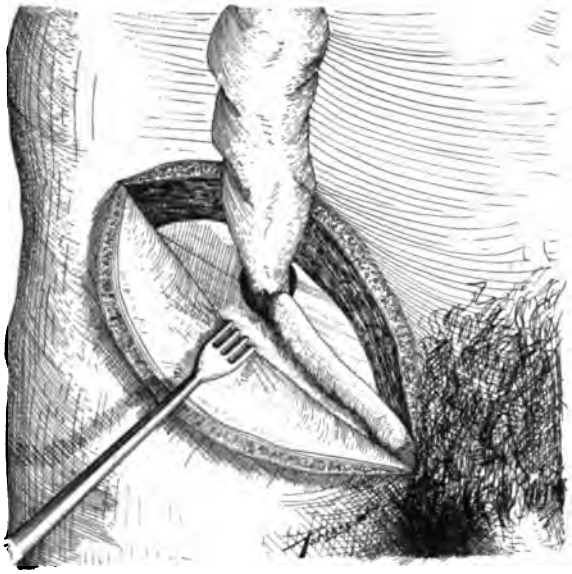


PLATE I.

Shows curved incision, the aponeuroses of the external and internal oblique reflected downwards and inwards, exposing the inguinal canal and hernial sac, the sac being lifted.

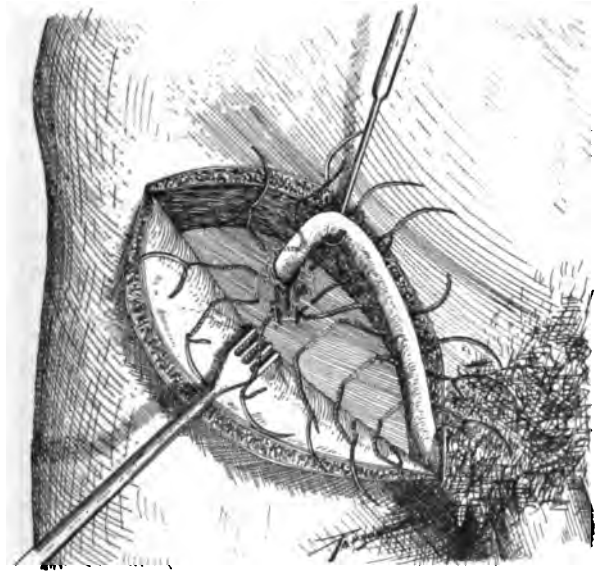


PLATE II.

Shows closure of the internal ring, the cord being brought out at upper angle. Also introduction of the mattress sutures.

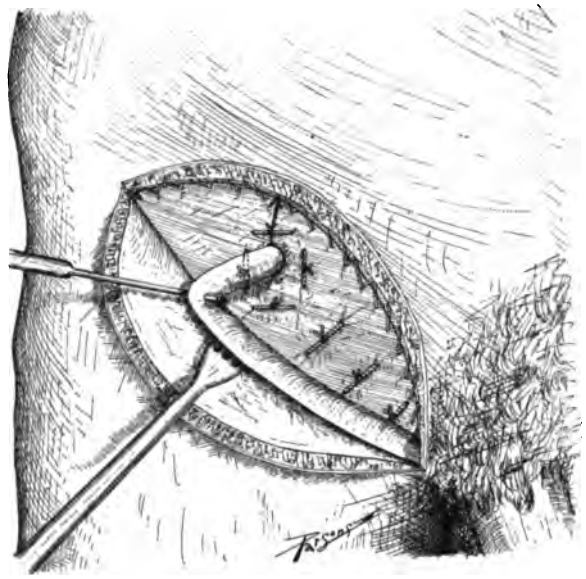


PLATE III.

Shows mattress sutures passed through the aponeuroses of the internal and external oblique and tied. Also slit for the passage of the cord and the aponeuroses reunited at the original incision.

deep stitches having been introduced and the cord lifted the aponeuroses of the external and internal oblique are brought over the canal, beneath the cord, and the needles on both ends of all the stitches are passed through from below upwards in their respective places, a slit being made in the aponeuroses for the passage of the cord (Plate III.). The mattress sutures are now drawn tightly and tied and the ends cut short. These sutures draw the transversalis fascia and the internal oblique muscle closely together, completely sealing the internal ring and obliterating the inguinal canal. The cord is left subcutaneous, the severed aponeuroses of the internal and external oblique are united by several points of interrupted sutures, and the skin united at the original incision.

Advantages Gained by This Method.

First.—The internal ring when closed is supported, When the ring will not permit of a closure the opening is completely sealed by two strong aponeurotic structures which dyke up the transversalis fascia, leaving no avenue through which the hernia can escape.

Second.—The cord being brought out at the upper part of the ring (Halsted) permits of a complete closure of the lower angle, lessening the likelihood of leakage through the ring and the formation of fistulae.

Third.—The internal and external oblique being sutured to the floor of the canal by deep mattress sutures effectually obliterate the inguinal canal, which in other operations is bridged over. The suturing of all muscles together leaves no avenue between the muscular layers through which the hernia could travel.

Fourth.—By making this curved incision the union of the tissues is not over the canal; fresh, healthy structures are utilized to strengthen the pillars; there is no cicatrix either in nor over the ring or canal to weaken or become absorbed, consequently we have a substantial barricade against obtrusive hernia.

Fifth.—This method of operating is applicable to any variety of inguinal, umbilical or ventral hernia, whether the aperture be half an inch or half a foot in diameter.

Obstetrics.

HYPEREMESIA GRAVIDARIUM.

BY WALTER N. BOYER, M. D., LIMA, OHIO.

Clinical Case.—Mrs. H., æt 33, a III. para, nervous temperament, and highly endowed mentally. Menstruation ceased about Nov. 15, 1896. A month later she began having nausea and vomiting while away from home on a visit. Returning Jan. 1, 1897, she immediately applied for treatment, as the emesia was already so constant as to cause much suffering. She gave a history of a terrible fall when eighteen years of age, which caused "uterine displacement," with profound shock, from which she never fully recovered, although the molimen was regular. Gestation has always been accompanied with excessive nausea and vomiting for months, increasing with each succeeding pregnancy. Examination revealed the uterus enlarged and prolapsed to to the second degree.

Treatment Employed.—Treatment was commenced by dilating the cervix to the internal os, carefully swabbing it with carbolic acid, then dusting with boracic acid and idoform, after which a tampon saturated with glycerine was inserted. Later a Gariel's air pessary was employed.

In brief, for eighteen days every means at command were tried. She was given Pulsatilla; Nux Vomica; Arsenicum; Curcubita; Kreasotum; Ipecacuanha; Colchicum; Cocaine; Bismuth-sub-nitrate and Cerium oxalate. The diet was restricted to small portions of pancreatinized milk, buttermilk, oyster broth, Valentine's beef juice, and egg-albumen water.

The cervix was dilated several times and the tampon or some form of pessary worn. Spice poltices and mustard were applied to the epigastrium; and, besides, faradism and ether spray was used faithfully.

By Jan. 19 the patient's condition was so serious that she was placed in bed, kept as quiet as possible, and allowed nothing but occasionally a teaspoonful of egg-albumen water and small pieces of ice. Enemata of milk and bovinine were given. Still the retching and vomiting persisted, the vomited matter being greenish-black, streaked with blood. The tongue was coated, breath fetid, pulse weak, and the natural hopefulness of mind still struggling through a very apparent approach of delirium.

Instrumental Interference.—Without further delay, on Jan. 21, the uterus was dilated thoroughly, curettage done, and the uterus packed with iodoform gauze. The emesia soon ceased and nourishment and drink were retained. While there were no subsequent contractile pains the gauze dressing was removed in eighteen hours. The flow soon ceased, but there was quite free bleeding from the gums for two days following the curettment. This and the prostration yielded well to Hamamelis, China, and Phosphoric acid. Convalescence was prompt, and menstruation was normal a month later. The prolapsus is yet under observation.

Remarks.—Nothing but interference gave permament relief, although Curcubita, Nux Vomica, Ipecac and Cerium oxalate each helped for a short time. Cervical dilation and reposition of the uterus also disappointed, although often about all that is necessary, excepting attention to diet, cheerful surroundings and confidence in the measures adopted for relief.

Just as in albuminuria, during gestation it sometimes becomes a delicate matter to decide when the uterus should be emptied, so is it with excessive vomiting. Consider well the patient's strength; for not only do we contend with inanition and lowered vitality, but procrastination until there is marked fever or delirium or cessation of the vomiting from exhaustion is unwarranted. Better be sure of saving the mother alone than to delay until both child and mother are sacrificed.

Gynecology.

UTERINE FIBRO-MYOMATA—UTERINE DISPLACEMENT—ECLAMPSIA—VAGINISMUS.

Boston Homeopathic Medical Society.

REPORTED BY H. O. SPALDING, BOSTON.

Gynecology and Obstetrics.

The march meeting of the Boston Homeopathic Medical Society was given over to the consideration of gynecology and obstetrics. Dr. Winfield Smith,

chairman of this section, had arranged a most interesting program, which brought out the largest attendance of the year.

Fibro-Myomata Uteri.—The first paper was by N. W. Emerson, M. D., who had for a subject, "Fibro-Myomata Uteri." It was a most complete and carefully prepared paper. First came a review of the symptoms of which metrorraghia was considered to be the most prominent in determining upon an operation; also the warning of malignant degeneration given by the persistent general malaise was forcibly spoken of.

The examination and points to be noted and learned by it were next considered. Dr. Emerson thought that the menopause was considered too much as a curative agent, although he still held that if it were near at hand it was often better to wait. The advantages and disadvantages of operation were considered at length.

In only one of his cases had ventral hernia resulted and that was when the method employed had been ventral fixation of the stump; this method had been used by the author only in his first four cases, and not since then. The abdominal operation was described in detail, after which several stereoptican views of uteri removed by Dr. Emerson were shown, and also a tabulated series of some forty cases which he had operated upon during the past few years was thrown upon the screen.

Discussion.—Dr. Boothby, who opened the discussion, took the same position as the writer in regard to mode of treatment. As for local peritonitis, which had been spoken of as a frequent complication, the speaker believed it to be due to a septic infection, which had found entrance into the cavity through the tubes. This operation has given as much satisfaction to him as any other one operation.

Anthropological Study of Uterine Displacements.—Dr. Horace Packard's paper on the "Anthropological Study of Uterine Displacements" promised something unique. To begin with, considering the normal positions of the uterus to be anteverted, what causes in the past history of the human race resulted in this becoming the normal position? Dr. Packard went back to the lower animals as the starting point. Here we find the axis of the body horizontal, also that of the pelvis. The fundus of the uterus is the heaviest part; therefore, by the simple action of gravity the fundus is dragged down to a lower level than the cervix; added to this is the enormous increase in the size of the uterus at each pregnancy. In man the force of gravity has ceased to act on the fundus as it does in the lower animals, and it has a tendency to draw the uterus toward the cavity of the sacrum; and if it reaches the vertical position gravity has no opposition except the uterine ligaments.

The influences of civilized life were then spoken of. The usual position during sleep was condemned, the writer believing that all children should be taught to sleep upon the ventral aspect of the body and not upon the back. The corset as a factor in producing uterine displacements was dwelt upon and its use most vigorously condemned. The obstetrical binder came in for its share of blame.

Dr. Packard foretold a most distressing state of affairs in ages to come, if the present evils of costumes were allowed to continue.

In the course of evolution under these influences the uterus would be outside the body at birth, and the human female would be sterile.

Discussion.—The discussion was opened by Dr. H. E. Spalding, who agreed with Dr. Packard in his condemnation of corsets, but not on the injurious results of the obstetrical binder, if properly applied. A more potent factor, in his mind, was the dorsal decubitus during the first few weeks after child-birth.

Dr. Earl was not ready to condemn the corset, which must be distinguished from tight lacing.

Dr. Batchelder laid stress on the position during sleep.

Dr. Southwick did not believe in the evil results of the binder, but thought many of the cases following child-bearing could be easily done away with if the physician would not neglect to examine the position of the uterus before discharging the woman and would correct any malpositions then existing.

Treatment of Eclampsia.—Dr. George R. Southwick offered the third paper of the evening on the "Treatment of Eclampsia." After a few words of introduction, Dr. Southwick outlined his method of treatment. If the patient is eight months' pregnant, albumen not more that one-third of one per cent., amount of urine not greatly diminished, no disturbance of vision, the case may be allowed to progress under watchful care and treatment tending to promote activity of the skin. If the amount of albumen increases, casts appear, headaches are frequent and finally convulsions are present, then the interruption of pregnancy is called for. Of the remedies, Veratrum viride was his favorite. Pilocarpine should never be used without a strong heart and clear respiration. The wet pack of warm water was a ready means of producing perspiration. Several cases from practice were given to illustrate the methods and the success of his treatment.

Discussion.—Dr. Earl, who opened the discussion, laid particular stress on milk diet. He also quoted several interesting complicated cases.

The question was raised as to the infallibility of albumen as a guide and as to the amount of urea as an important factor. In reply Dr. Southwick said that he did consider albumen alone as a guide, but that it was the totality of the symptoms which should be considered.

Vaginismus—Therapeutic Suggestion.—Dr. J. Emmons Briggs read the last paper of the evening, "Vaginismus—With Report of Case." The disease, its causes, symptoms and treatment were reviewed before the report of the especial case. The case in point was one of particular severity; there was dysmenorrhea, excessive flow, and such exquisite hyperesthesia examination was impossible. The patient entered the hospital, where the os was dilated, the uterus curetted, and some vascular areas at the hymen removed, together with the remains of the ruptured hymen.

The patient was apparently much relieved and returned to her home, where she rapidly became worse and finally returned to Boston in October. There was a numbness and loss of power in the left side and arm. A few days later the left leg gave out and she could not walk without assistance. She continued to grow worse; there was an aggravated insomnia, and a most distressing pain in the left temple. Being convinced that it was an hysterical condition, Dr. Briggs, one afternoon, sat down by her bed, and taking out his watch bade her to look constantly at the second hand for two minutes, meanwhile keeping the mind as nearly blank as possible. At the end of the time she was told to go to sleep and she fell asleep, slept all night and awoke the next

morning without a headache. The following evening the same plan was followed and she was told that the headache would never return. Suffice it to say, that in this way the case was treated and health restored, with the exception of an obstinate pruritus of the vulva and anus. Dr. Briggs said that this was the only case he had ever treated with hypnotism, and he offered it for what it was worth.

Medical Legislation.

DR. BEEBE OPPOSES FURTHER MEDICAL LEGISLATION.

In response to the invitation to state my views as to the necessity or advisability of further medical legislation in this State, I will say that I am by no means convinced that any such necessity exists. The only claim, so far as I know, for the necessity for further medical legislation is for the establishment of a State Board of Examiners. The existing State Board of Health has always performed that function for all candidates for licensure who have not the necessary diploma. If, now, it is thought necessary to require all who hereafter desire a license to practice in the State to pass such an examination, it does not seem clear why this same board is not quite as competent to conduct such examinations as heretofore. Why it should be deemed necessary to create a special board or boards to perform this particular work does not appear clear to my mind, unless it is deemed essential to provide more official positions to be filled and more salaries and expenses to be paid out of the pockets of the profession.

For one, I am opposed to the multiplication of such machinery. In the first place, I am not convinced of the necessity or advantage of subjecting graduates of reputable medical colleges to re-examination. It is by no means certain or even probable that such an examination will be any more thorough and impartial than the examinations conducted by the colleges, extending, as they do, over four years of instruction. We recognize that there exists temptations to conduct "diploma mills;" but State boards are as corruptible and as susceptible to pecuniary temptation as are college faculties, and have much less in the way of reputation at stake and no board over them to review their acts, as have the colleges. Indeed, a case which recently came to the writer's knowledge proved it was much easier to secure a State license than a college diploma.

If we grant the necessity of State examination there seems to be nothing more necessary than to authorize our State Board of Health to require it; and to so modify the membership of that board as to secure competency and perfect impartiality.

The proposed fee for examination is excessive; and any proposition requiring an annual renewal of the practitioner's license or the assessment of any tax or fee upon members of the profession should be stamped upon most vigorously.

Albert G. Beebe, M. D.

582 West Adams street, Chicago.

DR. KINYON WANTS THE PRESENT LAW AMENDED.

During the last twenty years so much has been said and written about judicial legislation that I am about sick of the subject. But I have noticed one fact connected with every bill in this State, viz: Some one has a personal reason for introducing the bill, another for writing the bill and having it introduced.

Dr. Rauch had the present law enacted to give himself a position. The bill now before the Legislature was written by those looking for good salaries, etc.

As I have already expressed myself to Dr. T. C. Duncan and Dr. J. A. Vincent (who, with myself, constitute the committee from our State association), I will only say this in reply to your inquiry: If the present law can be so amended that the three schools of medicine will be justly represented I will be satisfied to let it stand, although I feel it could be made stronger in some points, especially about "Christian science," "osteopathy," and kindred humbuggery.

By all means, the law should be so amended and enlarged as to enable the State Board of Health to enforce rules in all places and at all times. This can only be done by giving the board penal powers.

I like your editorials on this subject and also on the Ann Arbor case, and thank you for them.

C. B. Kinyon, M. D.

Rock Island, April 5.

DR. PARKER DEEMS THE PRESENT LAW SUFFICIENT.

The State of Illinois needs no enactment of medical laws more than she now has. There is no clause in the law, I believe, imposing hardships on one faction of the medical profession by or in favor of another faction. The diploma is all the standard or guarantee we need, or want, as to the fitness of a physician to practice his or her profession in this great commonwealth. However, we must have a continuation of past vigilance on the part of the State Board of Health in keeping a careful list of colleges that hold in their teaching and examining to the requirements for qualification to the degree of doctor of medicine as laid down by the National medical societies. The graduates only of such colleges shall be in good standing with the State. Illinois now has a model medical law and let that suffice.

J. W. Parker, M. D.

Warsaw, Illinois.

DR. HEDGES FAVORS THE THREE-BOARD LAW.

While not a deep student of these questions, I feel that our present law can be improved. I am opposed to a single State Board of Examiners. I favor a separate board of medical examiners for each of the three leading schools of medicine—allopathic, homeopathic, and eclectic. One reason is "the time has not yet come for a union of educational effort." (See American Institute Report.) This, I believe, should decide all homeopathic physicians to stand for a separate board of examiners. The allopathic school being in a large majority, has never given us a fair show. The antagonism between the two schools, for the present, at least, prevents a uniform and just execution of any single board law.

Again, we cannot protect the principles of our school in any single board law, where we are in a small minority. S. P. Hedges, M. D.

Chicago, April 2.

DR. WEIRICK FAVORS A THREE-BOARD LAW.

I am in favor of separate examining boards and opposed to our school of medicine taking a negative position on needed medical legislation. I think the single board plan unwise. Of course, any agreement made between individuals or between different schools as to proportion of members each school shall have on a single board amounts to nothing if not incorporated in the law. At present students

from colleges located in States having examining boards may practice in Illinois without examination by State board, but students from colleges in this State are not permitted to practice in those States without examination. That is not reciprocity, but it is prejudicial to the interests of our own colleges.

C. A. Weirick, M. D.

Chicago, April 5.

DR. BASCOM OPPOSES THE THREE-BOARD BILL.

In reply to your of late date I would say:

1st. We do most certainly need a new medical law in this State, because the present one has been found faulty, as shown by several decisions of the Supreme Court, as well as by the dropping of several suits, on the advice of counsel, which had been started by the State Board of Health under the present law. The chief reason we need a new law may be that the present one does not reach the advertising itinerant.

2d. I am wholly satisfied with the new medical examiners' bill embodied in "Senate Bill No. 158," now before the Legislature, as amended in the provision for the appointment of said examining board; i. e., "No one school of medicine at any time shall have a majority on said board of examiners."

My reasons for being satisfied with this bill are that it is the outcome of hard, honest work for the elevation and education of the whole profession by several committees of each of the three schools of medicine now recognized; that this is brought out as the best thing for our State at the present time; that the very work of these committees has brought the three schools nearer together than ever before, and nearer than they will be in years to come, if we cannot agree on this legislation. While at one time I was doubtful of its expediency, the nearer I have got to the facts in the case the better satisfied I am that the bill as amended covers the necessary ground.

The renewal clause of the bill will be one of its strong points; for, if a physician advertises or resorts to unprofessional conduct one year he can be refused renewal the next year. Under the present laws, if a physician once obtains a certificate from the State Board of Health he can do about as he pleases ever afterwards. I do not wish to be too severe on the old law—it was the best that could be obtained at that time; but we have outgrown it—advanced beyond it. In the preparation of said bill, some of the best legal authority that could be obtained has been consulted, and wherever changes have occurred from the original ideas advanced they have been to strengthen the bill rather than to weaken it, or to legislate for or against either school of medicine.

H. M. Bascom, M. D.

Ottawa, April 2.

DR. DUNCAN THINKS THE COMMON LAWS SUFFICIENT.

In reply to The Medical Century's inquiry: "Do we need a new medical law in Illinois?" I would answer that I cannot see what great good it can serve. Legislation has been forced upon our profession. We need it no more than do ministers and lawyers.

I am, however, in favor of the best preparatory education, scientific and collegiate, and the most thorough medical training, as outlined by the American Institute of Homeopathy.

The present law has proven efficient, but might be improved, e. g., the medical examination feature could be dropped, thereby compelling all licentiates to have a thorough medical college education. The itinerant vendor feature should be relegated to the pharmacy act.

I am in favor of the Board of Health devoting more time and attention to public sanitation. It has done little in that line, either for the people or profession—at least, not as much as it should have done.

I supposed that the committees from the three large medical bodies of the State were to revise the present law and report each to the societies before definite action would be taken. I opposed several features of the proposed new law, and especially the annual license tax on the whole profession of Illinois, about 9,000. Then I believe that we could not make it retroactive and set aside the special charters of Rush Medical College and Hahnemann, whose graduates were empowered thereby to "practice in Illinois."

As to the mixed board bill and the separate board bill there is little choice. If the avowed object of the separate examining bill is to "kill off the younger colleges" then the friends of those institutions—a very respectable minority—will hesitate to support it, especially in its present shape. In America legislation that attempts to be proscriptive or revengeful does not and should not succeed. It is a question if any special legislation is constitutional.

We don't know our power before the common law, which holds everyone responsible for the effects of any drug, medicine or article advised or prescribed. Enforce that and all itinerant vending and domestic prescribing would stop, except where allowed by the present health board law. The common law holds every physician responsible for every medicine prescribed or operation performed. It is criminal to give a drug or nostrum whose effect is not known. The grossly ignorant and careless, as well as the venal practitioner, could be prosecuted under the common law, and the courts are able to manage this matter. The State board license, I presume, would be construed, however, as making all stand on a par as equally informed. The people do not know their rights, nor the profession their great responsibility before the common law. Professors of forensic medicine could lead in a movement that might work the revolution desired.

T. C. Duncan, M. D.

Chicago, April 7.

DR. HALBERT BELIEVES IN A THREE-BOARD LAW.

I believe that we need a new medical law, and I believe in the State examining every medical student who leaves a college. I think it a necessity for the sake of higher medical education. If we do not do this, or something of the kind, we will be sadly behind the times. I believe in a higher medical education, more stringent requirements for graduation and for the license to practice. I believe in three boards as the equitable thing for the different schools. I think as a profession we ought to unite in asking something of the kind. H. V. Halbert, M. D.

Chicago, April 4.

Correspondence.

INTERESTING LETTER FROM LONDON.

FROM OUR REGULAR CORRESPONDENTS.

The rennaisance of homeopathy in England is proceeding apace. Five years ago the British Homeopathic Society was remodelled, resulting in the

doubling of its membership, while now it includes almost every homeopathic practitioner in Great Britain. Two years ago the London Homeopathic Hospital was opened, after rebuilding, at a cost of £45,000—$225,000. The last year's report was that the demand on the in-patient department is greater than ever, while the out-patient department is increasing by leaps and bounds.

Growth at Bromley.—Nor is this forward movement confined to the metropolis. Bromley, some twelve miles from London, has hitherto supported a Homeopathic Cottage Hospital, under the skilled canduct of Dr. Madden (the president of the British Homeopathic Society) and Dr. Wynne Thomas. The existing arrangements were found insufficient for the demand; a new cottage hospital was decided upon; $12,500 asked for, and $10,000 has already been subscribed. Some $4,500 was quickly promised at the annual meeting a few days ago.

At Tunbridge Wells.—This famous sanatorium also supports its own Homeopathic Hospital, which, under the supervision of Dr. Neild, and the conduct of Drs. Pincott and Capper, is doing excellent work.

More Commodious Hospital at Plymouth.—Moreover, in Plymouth, whose Homeopathic Hospital moved into more commodious quarters a few years ago, the in and out patient clientele is steadily increasing. Dr. Cash Reed has an extensive and growing gynecological department. Dr. Spiers Alexander directs the eye, ear and throat section. "Advance Homeopathy" is the motto of our English homeopathic hospitals.

London's Lecture Course.—The most important advance of English homeopathy of late years is the arrangement for an extensive course of post-graduate lectures and demonstrations at the London Homeopathic Hospital, to be held during May, June and July. No effort will be spared to make the session a thorough going success. The surgeons and physicians of the hospital will each treat their special subjects, which will be amply illustrated by the large clinical resources of the hospital. The prime feature of these courses will be the demonstrative, rather than the dictatic, and treatment will be kept steadily in the foreground. Our American confreres will be especially welcomed to this session of the higher branches of homeopathic training.

Victoria's Commemorative Dinner.—The reign of Queen Victoria has witnessed the rise and progress of Homeopathy in England. To commemorate both these important epochs a commemoration dinner will be held at the Hotel Cecil (known to all our American kindred who visit these shores) on May 24th. The elite of English Homeopathy will be present on that occasion, and lay homeopaths will unite with professional men in this outward and visible sign of the appreciation of the service of Homeopathy to the sick and suffering. The presence of ladies enhances the social tone of these important functions, and music will further contribute to the delectation of the guests. Cards of invitation may be obtained of Mr. Cross, the energetic secretary to the London Homeopathic Hospital.

Consultation Day Cases.—Some interesting cases have been shown at the recent consultation days at our London Hospital, one or two of which may be of interest to our American colleagues.

Melanotic Sarcoma of the Eyelid.—Dr. Knox Shaw showed a case of melanotic sarcoma of the eyelid of a girl which had been formerly removed at some other hospital, and had recurred twice after removal. There could be scarcely two opinions on the diagnosis. The parents were unwilling to have further operation, so Thuja was given, with the happy result, as the last consultation showed, that the tumor is rapidly disappearing.

Congenital Syphilis.—The pernicious results of congenital Syphilis were exemplified in the case shown by Mr. Gerard Smith, the lately-elected orthopedic surgeon to the hospital. It was the case of a youth, aged nineteen years, whose aspect was that of one of twelve years, being fifty-six inches in height and weighing sixty pounds. He had suffered from interstitial keratitis; Hutchinson's teeth were well marked, and numerous long bones had suffered from partial necrosis. There were no signs of puberty, and he was quite undeveloped.

Enormously Enlarged Spleen.—An interesting case of enormously enlarged spleen, without other glandular disease, in an infant of eleven months, was exhibited by Dr. Roberson Day, the physician to the children's department, who made some instructive remarks on the case, and a food discussion followed.

These consultation days are growing in popularity; each time shows a good attendance of our colleagues from the country, and we cordially invite all Americans who may visit our shores during the present year to these most interesting functions.

George Burford, M. D.
Dudley Wright.

London, England, April, 1897.

HAHNEMANN COLLEGE OF PHILADELPHIA AND OHIO'S STATE BOARD.

The following interesting communication has recently been sent the Ohio State Board of Medical Registration by the officers of Hahnemann Medical College of Philadelphia. This subject is a knotty one. It is the right of the various state boards throughout this country to know the requisites for admission and graduation at all the colleges who would like to be considered as officially reputable. But there are way of securing this information which are not offensive, yet perfectly legitimate and proper. The attitude of Hahnemann College on the subject of higher medical education is well known. It does not beg the question. But it insists, and rightly, too, that neither the Missouri state board nor the Ohio state board, nor even the state board of its own state has the moral or legal right to claim such complete supervision over its entrances and graduations as to make it the foot-ball of forty-five different state boards, were that many organized and in active work. It would seem that there should be the utmost harmony between the state board of supervision and the colleges, therefore every effort should be made by officials of both to establish cordial relations and allow no offensive correspondence to be passed from either side. Naturally the college, in this instance, feels that an unreasonable effort is being made to drive it to that which it is already seeking faithfully to attain. A little more tact upon the part of state boards would secure better results. Let Drs. Beebe and Baxter, our representatives on Ohio's board, see to it that its correspondence is so conducted as to win support and not engender opposition.—Editor.

Philadelphia, April 8, 1897.

Frank Winders, M. D., Secretary State Board of Medical Registration and Examination of Ohio:

Dear Sir—At a meeting of the faculty of the Hahnemann Medical College of Philadelphia, held April 3, 1897, the following preamble and resolutions were adopted:

Whereas, The State Board of Medical Registra-

tion and Examination of Ohio has notified this college that "On and after July 1, 1897, no medical college shall be considered as a medical college in good standing, as determined by this board, unless the secretary, dean, registrar, chancellor, or other officer who may be the custodian of records of said college, shall submit evidence satisfactory to this board, that graduates of said college who are applicants for certificates have complied with the entrance requirements laid down by the American Association of Medical Colleges," and also that "Any institution shall not be considered in good standing for any year in which said college failed to live up to the rules laid down in its own announcement, and before its standing is established may, at the discretion of this board, be required to furnish satisfactory evidence that it has complied with such rules." Therefore,

Resolved, That the officers of this faculty are hereby instructed to inform the said State Board of Medical Registration and Examination of Ohio as follows:

First—That the aforesaid "American Association of Medical Colleges" is a private organization, destitute of authority and void of legal responsibility; that it does not represent the medical profession as a whole, but only a single sect or denomination thereof; and, moreover, a sect with which this college is not in affiliation; that this college had no voice or participation in making the entrance requirements of said association; and for these reasons, this college will refuse to be controlled or guided by said "entrance requirements."

Second—That because of numerous attempts of State Licensing Boards to usurp the control and management of the educational and administrative affairs of this college, this faculty has been compelled to notify certain said boards that we deny and repudiate their right and authority to interfere in any way with its work, and that we, its faculty, will retain in our sole and exclusive control, the direction, and administration of all measures pertaining to its general and educational management.

Resolved, That the Officers of the Faculty are instructed to furnish information, as heretofore, respecting the regulations, course, methods, facilities and graduates of this College, whenever properly requested to do so by the legal authorities of any state or by other persons having legitimate use for such information. But said officers are instructed to refuse all such information or reports when the request or demand therefor is accompanied or associated with an expressed or implied threat of a penalty for non-compliance; nor shall any report or information be given to any State Licensing Board when such information is to constitute the purchase price of the "standing" of the college before said Board.

Resolved, That copies of this Preamble and Resolutions be transmitted to the State Board of Medical Registration and Examination of Ohio, and to the medical journals.

Pemberton Dudley, M. D., Dean.
Charles Mohr, M. D., Register.

THE CLINIC AT ANN ARBOR.

In order that the profession may know the truth in regard to the present standing of the clinic at Ann Arbor, I send you a tabulated statement of the operations performed by me before the class there during the period from Jan. 1, 1897, to and including March 31, 1897. Also, to get at the growth of the clinic I send a comparative statement of the operations for the same period, during the last five years. This has been carefully compiled from the records of the hospital, and may be relied upon as to its accuracy.

Ann Arbor may be a small city in itself, but, inasmuch as it is now and always has been the medical center for Michigan, the cases which it can offer to its students come from a wide and an extended territory. Detroit can offer no greater advantage, nor extend that field one inch.

In taking simply the operative cases for illustration, I use them as being those which will best convey to the profession the most accurate idea of the resources (when there is confidence in the faculty at Ann Arbor) the homeopathy of Michigan will supply.

The results speak for themselves, and also for the homeopathic remedies which aided in obtaining them:

Operations Performed.

Gynecological Clinic, University Hospital, Homeopathic, Ann Arbor, Mich. Services of M. H. Parmelee, M. D., Toledo, Ohio; from Jan. 6, 1897, to March 31, 1897. Number of Clinics, 14.

Celiotomies—		
Double Ovarian Cysts (Papilloma)	1 (Multilocular)	
Broad Ligament Ovarian Cystoma	1 (Proligerous)	
Salpingo-Oophorectomy	2 (Pyo-Salpinx)	
Hysterectomy	1	
Exploratory (Uterine Fibroids)	1	
Ventro-Suspension	1	7
Vaginal Hysterectomy (Cancer, 1; Chronic Metritis, 1)		2
Cervical Amputation		2
Trachelorrhaphy		1
Anterior Colporrhaphy		1
Perineorrhaphy		8
Cystotomy		1
Cystoscopy and Urethral Catheterization		1
Cystic Lavage		2
Curettage (Dilatation and Packing)—		
Chronic Metritis	1	
Glandular Polypi	1	
Endometritis	10	12
Anal Fistula		1
Hemorrhoids, Operation for		5
Total		43
Deaths		1

The one death was one of the pyo-salpinx cases, which came into the hospital suffering from a history of many chills, jaundice, sweatings and an intermittent discharge of pus from the bowels. (Pyemia.)

Notwithstanding these exceedingly unfavorable conditions, at the urgent request of herself and husband I operated, when my better judgment told me not to do so. Thirty-six hours afterward the woman died in collapse.

However, the general record of the year's work so far is most excellent, namely, two deaths following seventy operations.

Comparative Table.

Operations, University Hospital, Homeopathic, Ann Arbor, Mich., Gynecological Clinic.

Jan. 1 to March 31—	
1893—Service, Dr. J. C. Wood, operations	18
1894—Service, Dr. M. P. Hunt, operations	11
1895—Service, Dr. M. P. Hunt, operations	8
1896—Service, Dr. M. H. Parmelee, operations	9
1897—Service, Dr. M. H. Parmelee, operations	43

Can words add anything to this?

M. H. Parmelee, M. D.
Toledo, Ohio.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

In brief, I may say our college year has been a prosperous one, and the greatest desire has been evinced on the part of the faculty to maintain a high standard in entrance requirements, and all the teachers have exerted themselves to the utmost to impart thorough and broad instruction in all departments.

The principles of homeopathy have received very careful elucidation. The efforts of the instructors have been duly appreciated by the students, whose enthusiasm has been really inspiring. Our register contains the names of two hundred and fifty-four (254) students in the four classes. The requirements for entrance have been such that the freshman class is somewhat smaller than usual, although it numbers sixty (60). The senior class, numbering thirty-seven (37), owing to the obligatory four years' course, is also smaller than usual. The clinical instruction this year has been of immense advantage to the senior students. The small class and the very large number of patients applying for free treatment, owing to the hard times, have enabled the senior students to individually and most profitably study every variety of disease and accident.

During the fall the trustees were enabled, through the generosity of friends, to purchase a large tract of ground (covered now by thirteen dwelling houses), on which the erection of a thoroughly equipped maternity hospital and a dormitory for the nurses will be soon commenced and pushed to completion as rapidly as due care will warrant. The Board of Charities of the State of Pennsylvania has recommended the Legislature to appropriate $50,000 towards the object, and it is expected that the friends of homeopathy in the city will contribute as much more.

The commencement exercises will be held at the Academy of Music on the evening of May 12, 1897, when the thirty-seven candidates for graduation are expected to take their degrees of doctor of medicine and doctor of homeopathic medicine. The alumni meeting and banquet will follow at the Hotel Walton, where the new graduates will be welcomed into the ranks of the profession by about four hundred members of the Alumni Association.

I trust the above hastily written report will be in time for your journal and prove acceptable. Yours truly, C. Mohr, M. D.

March 25, 1897.

A WHOOPING COUGH SUGGESTION.

I have learned from observation and experience that unsolicited aid or advice is not only unappreciated but as a rule the counsel and counselor are treated with contempt and often ridicule.

But after reading the contributions to the Century upon the treatment of whooping cough, I thought I would venture a suggestion, shielding myself behind the fact that I am not offering anything original.

I preach and practice the law of "similia" to the best of my ability and understanding, but I am convinced, after many years of practice, that there are some instances, conditions and cases where palliation must take the place of knowledge, or where the "pathy" plays a secondary part. That is to say, I do not boast as some of my colleagues have that they are not the owner of a hypodermic syringe, because I am, and use it when I feel I can do nothing better.

And so in the treatment of whooping cough, I have found relief and cure sometimes quite immediate. I recall a most aggravated case in a child of about nine months, with a remedy I did not notice in any of the articles contributed, Sepia. It was about the second week, and the case had grown worse from day to day, and when I saw it seemed a most hopeless one. While trying to get a little history it had another "coughing spell," and it "coughed the breath out of the body." There was no inspiration of air, and that was why they thought every "spell" would be the last one. Sepia 6x made a most brilliant cure. I have verified this symptom and when we find that peculiar cough Sepia will not disappoint us.

I protest most vehemently against rushing into print with sudden cures with a "single powder" on a single symptom. I am quite sure it has been detrimental to our cause, as our "friends, the enemy," do not clearly understand what we mean. I think it was Prof. Lippe who said, "Every stool had to have three legs to stand on, and every prescription ought to have three good symptoms." I have found it a good rule to follow.

Now for the heterodoxy. There has been quite an epidemic of whooping cough in the city during the fall and winter I confess I did not find the "similia" as I had in the past, and felt obliged to look about for other means. Among others I tried Luyties' "Whooping Cough Tablets," and with satisfactory results. I have used no other remedy in all cases, whether called in early or late, and I am bound to say, with prompt relief. I am not in sympathy with "specifics," but this combination has done me most excellent service, and I have ventured to suggest it to others who may not always find the right remedy at the right time.

I have written the above in the full glare of Uncle Reuben's profound philosophy, that, "to say the right thing at the right time 'am a grate gif',' but not to say anything at the right time 'am mos' as good and a heap mo' reliable.' "

T. S. Turner, M. D.

Binghamton, N. Y.

REPORT FROM THE ST. LOUIS COLLEGE.

The Medical Century's favor of March 11th, addressed to Dr. Richardson, our dean, has been turned over to me to answer. In reply will say that we have the "largest and best class" in the history of our college, and we will graduate twenty-six in all probability. Our clinical and hospital facilities have been better than ever before, having had the addition of one hospital and enlarged advantages in the city hospital. Our faculty have been very faithful in attending lectures, all having filled their hours regularly, with possibly one exception. The class have been universally well satisfied and express the assurance that any students they may have reading under them will be sent to their Alma Mater for further instruction.

Our prospects for the future are much brighter than they were two or three weeks ago. At that time we were menaced by the possibility of all of our physicians being legislated out of the profession. But we got the bill looking to this end killed in the house. Then the author of it introduced another authorizing the State Board of Health to regulate medical colleges as they saw fit. But this bill met the same fate as the first, so that we have nothing ahead of us in the way of medical legislation to fight. It took strenuous efforts and much wire-pulling to do the business, but our mayoralty fight here served

as a club by which we were enabled to figuratively break the neck of the author of the bills.

You will pardon me for saying that it seems quite strange that persons making inquiry concerning our profession here or our college continue to apply to the older members of the profession for data. If you had directed you letter to me it would have been answered long ago. As it was, it lay in Dr. Richardson's letter-basket while he was in Florida spending his vacation until it was at last turned over to me. The older members of the profession have acquired such wealth and luxuriate in such prodigal opulence that they nave not time to come back to earth to answer questions, but must give that to us "young 'uns" to do, and we don't mind if they do.

L. C. McElwee, M. D., Secretary.

St. Louis, April 17th.

New Publications.

"Physical Perfection" is the title of a neat monograph by A. O. Palmer, Ph. D., M. D., Warren, Ohio, the author of a series of papers on "Country Surgery," which appeared in this journal some months ago. The thought of the little bronchure is to demonstrate to the laity, and the profession, also, that a high degree of physicial perfection may be attained through right-living. And in it right-living means both physical and mental or spiritual living. There are chapters on life, the will, sensations, nutrition, appetite, digestion, exercise, air, personal beauty, water, sleeping and dreaming, insanity, infant feeding, foods, natural cure, disease in general and natural death. The book shows a good deal of painstaking effort in a right direction. It cannot but be helpful as affording a key to proper methods of living and thought. As an unpretentious effort along good lines the book is commended.

"Random Rimes" is the euphonious title of a volume of readable poems by Drs. N. W. and J. P. Rand, from the press of Otis Clapp & Son, Boston. In it are contained the musings of two most excellent doctors who are rhymsters of no ordinary ability. In fact, some of the little poems herein contained are sparkling with brilliancy and erudition. The authors modestly lay no claim to literary merit, yet throughout their volume a high degree of literary ability is manifested. As a random rhyme book for the tired doctor after a hard day's work this production of these Rand brothers, good doctors, good poets and good fellows that they are, will help while away an hour and refresh the weary mind.

"The Principles of Medicine" is the mighty title of a handy little volume of a hundred and twenty or more pages by E. R. Eggleston, M. D., late professor of practice in the homeopathic college at Ann Arbor and now professor of theory and practice in Cleveland University of Medicine and Surgery, intended mainly for junior students. In it are outlined the essential principles of medicine, in chapters covering definitions, nature of disease, the causes of disease, predisposing, active, specific, the elements of disease, nutrition, disease types, tubercle, temperature, nomenclature, phenomena of disease, diagnosis and prognosis. There are no modern works on Principles of Practice to take the place of the long accepted Williams' Principles of Medicine. It is a pity this is so, but what is to be picked up on this subject is to be hunted for in works on practice and in monographs on special subjects, as the temperature, the tongue, the pulse, physical diagnosis and the like. In Prof. Eggleston's little work we find a step in a good direction. It will be well for every student in the preceptor's office and in the medical colleges to carefully read it. Meanwhile, we await with impatience Dudley's forthcoming work on the Institutes of Medicine, or some similar volume, which shall deal at length with those problems underlying the scientific and correct practice of our art which should be made known to every beginner and which, in reality, form the foundation of practice, just as anatomy does of surgery.

A "Heart Repertory" has been issued by Dr. John H. Clarke, editor of the London Homeopathic World, to serve as a useful guide in the selection of remedies for heart ailments. It is chiefly compiled from the author's work on Diseases of the Heart and Arteries. It is classified about as most repertories, though it is observed that it is more practical than many in that it gives a somewhat more connected and thorough presentation of the symptoms of some of the remedies. For instance, under "Oppression," in relation to respiration, Gelsemium is observed to have "Palpitation from grief, worse when thinking of it or when spoken to about his loss; also, sensation of soreness about the heart." Here we have, in other words, muscular soreness of the heart, for which Gelsemium is one of the best of remedies, together with that depression of the sympathetic nerve for which Ignatia is usually prescribed. Yet how often has Ignatia failed to reach the grief-stricken heart? Under "Chest, Left Side," we have for Veratrum album, "Angina pectoris; periodical attacks of pain in left chest, or cutting, with excessive agony, extending to the shoulders; general prostration, skin cold and clammy; difficult breathing suffocating constriction of chest, so distressing that he sweats from agony; cramps in limbs." Here is a picture of Veratrum album in relation to angina that even the novice ought not mistake. All the way through the brochure are striking characteristics of remedies, so plainly set down that he who runs may read—if he will. The illustrations given are by no means exceptional. The book abounds in them. Heart-prescribing is made unusually plain. The book is published by Gould, London, but is to be had at all the pharmacies.

"Organ Diseases of Women" is the title of a brochure issued by Boericke & Tafel, Philadelphia, from the pen of J. Compton Burnett on the curalility of certain forms of uterine disease, and sterility, by medicines. He discusses subinvolution, prolapsus, dysmenorrhoea, certain irritations of the ovaries, uterine engorgement and other ailments, holding them curable with remedies and citing illustrative cases in which his treatments cover a wide range of remedies and also a wide range of potencies, from the mother tincture up. The author holds that many of the diseases operated for to-day by surgeons are of constitutional origin and need uprooting by constitutional homeopathic treatment. It comes as a welcome messenger to the plain physician, without operating ability, in these surgical days, and will doubtless, if followed closely, prove a help in the treatment of many of the ailments of women. Price, one dollar; postage, five cents additional.

"Tongue Repertory," by M. E. Douglass, M. D., Baltimore. Here we have nearly two hundred pages on the Tongue. Who would have thought it possible to have gathered so much information on this subject! Dr. Douglass has compiled a most excellent repertory of tongue symptoms and conditions, and has so arranged his collection that any kind of a tongue can be found described in a minute. How often the appearance of the tongue must be the guide

to the selection of the remedy! The mapped tongue of Natrum muriaticum has only three other remedies, Lachesis, Taraxacum and Ranunculus. Yet how many times Natrum fails to remove this characteristic appearance of a splotched or mapped tongue, when perhaps one of the others would have quickly relieved. We have under treatment at this time a business man who hasn't a symptom of any kind to annoy him except that his tongue is always dirty, covered with a thick, slimy, pappy paste. He suffers no symptoms of indigestion, his liver is not sore or enlarged, nor contracted, his bowels are perfectly regular, he suffers no symptoms that can be traced. Yet his tongue is always foul. Antimonium crudum, with the aid of Carbo vegetabilis, has helped clean this tongue, but not effectually. Neither of these remedies is down for "Foul Tongue" in this repertory, but there are others which shall be studied and tried in the case cited.

As in all repertories, there seems to be a great deal of repetition, contradiction and confusion in this. But is not this so with patients? It was probably so with provers, and the effort to make all remedies produce exactly the same symptoms in all or nearly all provers is likely to meet with failure. And no more can a repertory record a uniformity of symptoms as belonging to any remedy. There must at times be confusion and contradiction, simply because remedies do not act alike upon all provers and patients. The book is issued by Boericke & Tafel, Philadelphia, in their usual excellent style.

"Doughty's Genito-Urinary Diseases and Syphilis," by Prof. Francis E. Doughty, from Notes of Dr. George R. Holden, has been issued from the press of Boericke & Tafel, Philadelphia, in unusually attractive style, and forms an addition to the homeopathic library which should receive a most cordial welcome. Prof. Doughty, New York's most eminent genito-urinary and syphilis specialist, in our profession, at least, is well known as one of the most practical teachers and surgeons in this department. His clinical letcures at the New York Homeopathic College have long been a feature of the lecture-course at that institution. This book reflects his clinical courses over a period of years. It deals with all the genito-urinary ailments met with in private and hospital practice. Its text is unusually clear and thorough in descriptive effort. It is not the work of a novice but of a master hand. It compasses above four hundred pages, is printed in clear, large type, easily readable, is systematized in a practical manner, is reasonably thorough in its surgical description and fairly so in its outlining of homeopathic therapeutic measures. There are above eighty pages on diseases of the bladder, in which are given all the modern methods of examination and treatment and clear indications for the use of homeopathic remedies. Diseases of the testicles, of the prostate gland, of the urethra, urethritis and stricture, and the various manifestations of syphilis are fully considered, each from the standpoint of the clinician rather than that of the theorist or author with preconceived notions. The volume is one of the most practical issued from the homeopathic press and should be a boon to our students and profession. Price, $2.50 net; by mail, $2.68.

"An Anatomical Atlas of Obstetric Diagnosis and Treatment," by Oscar Schaeffer, M. D., with one hundred and forty-five illustrations, is one of the latest of the Medical Hand Atlases published by Wm. Wood & Co., New York. It deals with the morphology of the pelvic organs as a basis for the anatomical and clinical study of obstetrics, gives close attention to the development of the ovum, exhibits well-executed plates in color and black of the pelvis and of various obstetric positions, with brief but clear and succinct descriptions on opposite pages of the conditions illustrated, making it an exceedingly practical and handy volume for the student and also for the obstetrician. There are special chapters on pelvic deformities, obstetric anomolies, uterine displacements and disorders during pregnancy, abnormal implantation of the ovum, rupture of the uterus, premature delivery, disturbances of labor, obstetric therapeutics and allied topics, rendering the book especially valuable from the obstetrician's viewpoint. It is commended as a meritorious volume. It forms the fourth of the series of Hand Atlases with descriptive texts on Ophthalmology, Nervous Diseases, Fractures and Dislocations, Obstetrics, and Gynecology, the set selling for $15.

"Veterinary Homeopathy" in its application to the horse, is a new work of more than three hundred pages, by John Sutcliffe Hurndall, member of the Royal College of Veterinarians, London, just issued by Boericke & Tafel, at $2 net, which will be found a useful book to homeopathic veterinary surgeons and others employing homeopathic remedies in the treatment of their horses. Some of the best results we have ever witnessed from homeopathic medicines have been obtained in the cases of dumb brutes. This book treats of the diseases of the horse in a pleasing manner, its text is plain and comprehensive, there need be but little trouble in applying the homeopathic remedy according to the indications given, hence it will be useful to a satisfactory degree. The attenuations used are chiefly the 1st, 2d and 3d, but it is noticed that in many states the 12th and higher have acted satisfactorily. The chapter on Diagnosis makes exceedingly plain the knotty problem of how to learn what is the matter with the animal in hand, while the chapter on the Strength of the Dose is full of common sense, some of which might well be applied in the treatment of the human being. All the important diseases of the horse are considered. The running descriptions of the indications for the remedies will be found more advantageous, especially to the non-veterinarian, than the usual alphabetical recital of symptoms belonging to drugs. Hurndall's Veterinary Homeopathy comes at an opportune time and will be warmly welcomed, as, indeed, it deserves to be.

"Hahnemann's Defence of the Organon," translated by Dudgeon and issued by Boericke & Tafel, Philadelphia, is one of the strongest presentations of the truths and beauties of the homeopathic Bible which has yet been given the profession. The Organon is a masterpiece in medical literature. But it is difficult for some physicians to become interested in it or to fathom its depths. Anything which throws light upon it, which explains or defends its precepts, which makes plainer to the ordinary reader its great truths, should be warmly welcomed by those essaying to be homeopaths in fact as well as in name. The Defence was prompted by the attacks of Prof. Hecker, of Dresden, on homeopathy and Hahnemann. This old-school author indulged in ridicule and abuse instead of arguments in criticising the founder of homeopathy and his therapeutic law, thus laying himself open to the fierce javelins which this book hurls at him and all intolerants like unto him. It is written in Hahnemann's sharpest vein. There is no mincing of words. In defending his system manfully Hahnemann also meets the antagonist in sharp spirit and shows a capability in caustic debate which appears in no other production from his pen.

Legislative Notes.

We believe it to be the duty of every member of the profession not fully convinced of the desirability of having the State Board of Medical Examiners' plan of regulation of the doctors of Illinois, and those who are to follow us, forced upon us until we shall have had ample time to become convinced that the interests of the entire profession and people demand it, to write at once to their representatives asking them to oppose such legislation this session. There is ample time to consider this subject between this and another session of the legislature, and it should be done.

The allopathic profession of Florida declares the present law of that State, a three-board examining law, by the way, to be unsatisfactory and inoperative, and is trying to have a new bill enacted providing for a mixed board consisting of seven of its own number and three homeopaths. With such a board the homeopaths would stand about as much show as a snowball in the spiritual tropics, while the eclectics would not be considered at all. Dr. Stout and other active homeopaths of Florida are arrayed against the proposed measure, hence its defeat may be looked for.

The ignorance of some would-be leaders in medical legislation is ludicrous. In a recent issue of a Chicago medical journal, edited by a member of the profession now essaying to much knowledge on this topic, we are told that Pennsylvania and New York have examining board laws and that Illinois must not be fourth, but must be third on the list. If this editor had consulted good old Dr. Paine, the Moses of this subject, he would have learned that not only New York and Pennsylvania, but New Jersey, Georgia, Maryland, Florida and Louisiana, with possibly one or two New England States, have three separate boards of medical examiners. If Illinois ever gets in on this list, which all the powers forbid, she will come at least eighth and possibly ninth or tenth, and never third nor fourth. These places were filled too long ago to talk about.

In a recent communication from Dr. Reuben Ludlam, Chicago, in response to a request for an opinion as to whether Illinois needs a new medical law at this time, and if so as to what kind of a law in his judgment is needed, he replied as follows: "I thank you for the compliment conveyed, but having had only fifteen years' experience on our State Board of Health, I am not competent to express an opinion on the needs of the case or the present muddled condition of affairs." It requires no stretch of the imagination to see the inference that Dr. Ludlam, like some of the rest of us, has reached the conclusion that inexperienced hands have been taking unto themselves the privilege of attempting to legislate for a whole profession and that they have made a botch of it. When those who cannot name the character of legislation prevailing in even a half dozen States essay to leadership in questions of this moment there is sure to be confusion and bunglesomeness of effort.

The Medical Arena, Kansas City, is with the majority of journals on the subject of State boards. In commenting on the fact that the telegraphers have asked for a State board of examiners in that State it tersely suggests that with heavy damage suits hanging over the railroads, in case of accident, for employing inferior telegraphers as train-dispatchers the railroads are likely to employ none but the best, as shown by experience, and that, therefore, the people are safer in their hands than in the hands of a State board of telegraphers. It also refers to the proposition of the barbers and the undertakers that they be given a State board of examiners, and looks upon it as ludicrous. But, after all, says the Arena, "if State boards are good for the doctors, why not for telegraph operators and undertakers and barbers?" So say we, too. This thing is being carried to a nauseating degree and the sooner we all drop it the more respect we will have for ourselves and the more the people will have for us.

The Minneapolis Medical Magazine for April contains an able editorial from the pen of Dr. Dale, of Oshkosh, on the subject of medical legislation, in which he takes the position that "It stands to reason that the faculty of a medical school, after three or more years of daily intercourse with a student, after testing him at all times, and in all places, are in no way qualified to form an opinion as to his fitness"—that of a candidate for State license—the vein of sarcasm standing out so boldly as to be seen by a blind man. He suggests that this question should be by all means left to a board of plain ordinary doctors, most likely personal friends of the Governor or men having a convenient "pull" in politics, expressing the sarcastic opinion that by all means, after twenty-four or "forty-eight hours of travail, this distinguished body of doctors will be eminently fitted to pass judgement," closing this paragraph with: "Doubtless the standing of the profession as a whole will be thus greatly improved and the unlettered impostors who are conducting our medical colleges will be taught that the people of Wisconsin know a thing or two."

The strongest point in his editorial is brought out in the following quotation, which is commended to our every reader for his unbiased and careful consideration. It contains a volume of good sense, tersely expressed: "But we most emphatically deny that any such examining board measures as is proposed (in Wisconsin) will effect any improvement in this direction (the elevation of the standard). The examination of a graduate by any such board is of necessity a farce. It is absolutely no test of his real ability. Some well qualified alumni of excellent schools will fail, and some of the very ordinary output of comparatively inferior colleges will pass. This is not imaginary; it has proven to be a fact. The only sensible way to 'elevate the standard' is to exercise thorough supervision over the colleges themselves. No one but Simple Simon would undertake to purify an infected stream at its mouth."

We often hear the argument advanced when legislation is under consideration that the people must be protected from the charlatans and irregulars. The Minneapolis Magazine, in Dr. Dale's editorial, makes the excellent point, after suggesting that no one should be allowed to practice except graduates of legitimate colleges, and that the diplomas of colleges should be so exposed in offices that people might tell just what character of doctor they were employing, in so far as the character of his alma mater is concerned—that if under these circumstances a man should choose to risk his life or the lives of his family in the hands of charlatans he might as well be abandoned as a hopeless case, closing with the suggestion, which might well be made to become an aphorism, that no amount of medical legislation could compel such a man to exercise common sense—that there is no State in the Union in which brains can be successfully legislated into an empty cranium.

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MAY, 1897.

Editorial.

MEDICAL LEGISLATION IN ILLINOIS.

Illinois is wrestling with the subject of medical legislation. Not satisfied with letting well-enough alone a limited number of our profession were drawn into a joint conference last fall and agreed to an examining-board measure which was promised to scrupulously take care of the interests of the three well-known schools. When the bill was presented to the legislature its homeopathic and eclectic friends did not recognize it. There was commotion in the camp of the legislative faithful, and forgetting the composition of his legislative committee, or not caring to remember it, the executive of the Homoeopathic Society of Chicago called a hurried consultation and a three-board examining bill of much complication and red-tape-ism was quickly drawn and presented to the legislature. Then the subject was presented at a regular meeting of the city society, the matter was discussed, and the bill was referred to the regular legislative committee, with instructions to press it only in case it were required to defeat the objectionable measure already referred to. Right here lies a dispute. As the author of the resolution to refer the editor of this journal is emphatic that his resolution was to the effect that the bill be pressed only in case it be found necessary to use it as a weapon to kill the other bill. But several members failed to properly differentiate the substance of the resolution from the substance of our remarks upon the question and claim that it was simply referred to the committee with power to act. Be this as it may, the committee met, again the bill was discussed and it was resolved not to press it except as a dernier resort. Again confusion arose through the chairman of the committee, who had proclaimed in committee meeting that the substitute to the resolution authorizing the committee to press the bill had been carried, reporting back to the society that the committee were divided on the subject. Here again, in open meeting the bill was discussed, all sorts of opinions were given about it, the debate waxed warm, and finally all action and records of action were expunged from the minutes and the contest was begun anew. The bill was now referred to the new legislative committee elected at the April meeting—practically slated beforehand—and this committee secured a special meeting of the city society on the evening of April 12 to consider the question and settle it. About forty physicians and students, mostly physicians, were present. The debate was full and complete. When the time came to vote about thirty were present. Of this number perhaps three-fourths voted, the measure receiving approval by the ratio of perhaps three to two.

In other words, after being framed and duly considered by an informally constituted committee, by the regular legislative committee twice, and by the city society no less than three separate times, the measure was finally ordered supported by a vote of a dozen or fifteen out of Chicago's five hundred and fifty homeopaths, not more than three or four of whom are accounted really representative members of Chicago's profession. The generally accounted strong men—with just a few exceptions—were conspicuous by their absence at the finish. In fact, nearly all the way through most of this class were at home attending to their business.

In the meantime, the chairman of the legislative committee of the State Society, with Dr. Bascom, of Ottawa, and others, is openly in favor of and working for the single-board measure, which the leaders of the city society do not like. They conscientiously believe that any bill naming the different schools in its text will be pronounced unconstituional in this State, after having sought able legal advice on this subject. Others of us, including some of the ablest men in and out of Chicago, believe all this agitation quite unnecessary and that the present law, with slight improvements, is one of the best laws that can be framed. And so here we are; hopelessly split in three different elements, one favoring a three-board bill, another favoring a one-board bill, with a specification that no school shall have a majority on the board, and a healthy third element incontinently opposed to all examining board legislation.

The allopaths are working—that is, those who mix up in politics—for the one-board bill. But it is locked up in committee and it is said will not be reported. We shall see. It may be depended upon that when they find out that the proposed amendment, which says that no school shall ever have a majority of the board, will give to them but three members, while the eclectics and homeopaths combined will have the remaining four, they will not relish their own pill, and they will probably not swallow it at all.

The greatest favor the profession—that is, that part of it not tied up in the subject—can do at this time is to confer by letter and in person with their representatives and senators and secure their oppo-

sition to the one-board bill, known as House Bill 227, and to the three-board bill, known as House Bill 558. Then, when these measures are out of the way, we should demand of our State Board of Health, with whom the licensing power practically rests, that they shall do away with individual non-graduate examinations altogether and continue their efforts to elevate the standard of our colleges, applying themselves assiduously and intelligently in this direction until we are assured that about as perfect an output is guaranteed as is possible to secure to the profession and people.

A FAIR-MINDED GOVERNOR.

From the homeopathic view point, Gov. John R. Tanner of Illinois is eminently a fair-minded man. He has placed the homeopathic profession of this State under lasting obligations for the degree of recognition he has thus far given us in his medical appointments. Dr. W. E. Taylor, of Monmouth, has been appointed superintendent of the Western Illinois Insane Hospital, and Dr. W. L. Athon, of Marshall, has been named superintendent of the Home for Feeble Minded, at Lincoln. Thus we have two State institutions placed under our control by Gov. Tanner. The sincere thanks of the profession are due him, and we believe we speak advisedly when we say that the appointments he has made for us will be approved most heartily.

AN EXCELLENT APPOINTMENT.

Gov. John R. Tanner has chosen Dr. W. E. Taylor, of Monmouth, as the successor to Dr. Vincent, whom Gov. Altgeld appointed at the eleventh hour to the superintendency of the Western Insane Hospital, now building at Rock Island. This is in every essential particular an excellent appointment. Dr. Taylor has long enjoyed an extensive practice at Monmouth, is a member of the faculty of Hahnemann Medical College, Chicago, of which institution he is a graduate, and is one of the best known republican politicians of his section of the State. He was chosen as one of the McKinley-Hobart electors, took an active part in the late campaign, and is recognized as a man of attainments and ability in everything he undertakes. He was mayor of his home city two years, during which time the affairs of Monmouth were handled to the satisfaction of its people; has been health officer of the city, coronor of the county, and a surgeon for ten years of the Chicago, Burlington and Quincy Railroad. He is an accomplished speaker, an indefatigable worker, and as general manager of the Western Insane Hospital is sure to give to it a satisfactory administration.

AN AGREEABLE ANNOUNCEMENT.

It is with unalloyed satisfaction and pleasure that we are able to announce the return of Dr. W. A. Dewey, now of Ann Arbor, to the materia medica department of the Medical Century. Dr. Dewey is to-day one of the most practical and popular of materia medica writers, a close student of this branch of our art, and will devote himself even more assiduously than when formerly connected with this journal toward the development of such a practical department in this important specialty, this key-stone of our arch, that it cannot fail to become one of the most acceptable, if, indeed, not the most acceptable, of them all.

All contributions to the materia medica department should be sent direct to Dr. Dewey, at Ann Arbor.

SOME STATE SOCIETY MEETINGS.

Illinois State Homeopathic Medical Society will meet in Chicago May 11, 12, and 13. Dr. W. W. Stafford, 100 State street, Secretary; Dr. J. B. Dunham, Wenona, President.

The Indiana Institute of Homeopathy will meet at Indianapolis on May 18, 19, and 20. Dr. J. D. George, President; Dr. F. C. Stewart, Indianapolis, Secretary.

The Kansas State Homeopathic Medical Society will meet at Hutchinson May 5, 6, and 7. Dr. E. B. Boardman, Parsons, President; Dr. Baumgartner, Lawrence, Secretary.

The Iowa Hahnemann Medical Association will meet at Council Bluffs May 12, 13, and 14. Dr. W. H. Pettitt, Cedar Falls, President; Dr. T. L. Hazard, Iowa City, Secretary.

The Washington Homeopathic Medical Society will meet at Tacoma June 10. Dr. E. Weldon Young, Seattle, Secretary; Dr. C. E. Grove, Spokane, President.

The Maine Homeopathic Medical Society; Dr. W. S. Thompson, of Augusta, President, and Dr. Cora M. Johnson, of Skowhegan, Secretary, will hold its annual meeting the first Tuesday and Wednesday in June, at a place not selected at last information.

The Vermont Homeopathic Medical Society will meet at Montpelier the last Wednesday in May. Dr. J. F. Shattuck, Wells River, President; Dr. G. I. Forbes, Burlington, Secretary.

The Michigan Homeopathic Medical Society will convene at Lansing May 18 and 19. Dr. D. A. MacLachlan, Detroit, President.

The Massachusetts Surgical and Gynecological Society will meet in semi-annual session in Boston on the second Wednesday in June. Dr. J. H. Sherman, Boston, President; Dr. H. N. Houghton, of the same city, Secretary.

Ohio's State Homeopathic Medical Society meeting will be held at Akron on May 11 and 12. Dr. R. B. Carter, Akron, Secretary; Dr. M. P. Hunt, Columbus, President.

Minnesota's Institute of Homeopathy will convene at St. Paul May 18, 19, and 20. Dr. H. C. Aldrich, Secretary; Dr. H. W. Brazie, Minneapolis, President.

The Utah Homeopathic Medical Society will

hold its annual meeting in Salt Lake on the first Tuesday of May. Dr. I. White, President, and Dr. J. T. White, Secretary.

The Wisconsin Homeopathic Medical Society will meet in Milwaukee on the 26th, 27th and 28th of this month. Dr. M. L. Huntington, of Darlington, is President, and Dr. Philip Forsbeck, of Milwaukee, is Secretary.

The California Homeopathic Medical Society will meet at Mt. Lowe, near Los Angeles, on the eleventh of this month. Dr. H. M. Bishop, Los Angeles, President; Dr. Eleanor F. Martin, San Francisco, Secretary.

The Texas Homeopathic Medical Society will meet at Fort Worth in June. Dr. Tertius Marks, Sipe Springs, President; Dr. C. F. Braden, El Paso, Secretary.

The Kentucky State Homeopathic Medical Society will meet at Covington May 26 and 27. Dr. J. T. Bryan, Louisville, President; Dr. H. S. Keller, Frankfort, Secretary.

The Nebraska State Society will meet at Lincoln the last day of May. Dr. R. W. Connell, Omaha, president; Dr. C. Van Dyck Bastin, Kearney, secretary.

OUR LATEST INSANE HOSPITAL.

As remarked in the March Medical Century, "This time it is Missouri." And in the light of recent developments the accent should be on the verb. For all the connivance the old school were capable of was directed toward defeating the securement by us of the Missouri hospital after the announcement had been made that it had been secured, and after Gov. Stephens had named his superintendent. The Fulton managers refused to ask for the resignation of the old superintendent or to elect the new one wished chosen by the Governor, and it became necessary for him to remove some of them in order to carry out his desire. Then, too, the allopaths of Fulton and throughout the State made a stubborn effort to keep the asylum in old-school hands, the senate refusing at their bidding to make any appropriation which carried with it the thought of homeopathy in control. One by one the Governor overcame these obstacles, and on April 12 Dr. J. T. Combs, of Kansas City, was formally installed in Missouri's oldest and largest insane hospital as superintendent for a period of four years.

In 1896 the Missouri Institute of Homeopathy appointed a legislative committee, consisting of Drs. T. H. Hudson, W. P. Cutler, T. G. Comstock, L. C. McElwee, and H. W. Westover, which has looked well after our interests in that State. They pursued a vigorous campaign, and although the legislature was flooded with remonstrances, they succeeded in convincing the powers that be, besides many legislators and newspapers, that we are justly entitled to one of the State asylums. They have been successful beyond even their own most sanguine expectations, because Missouri has a Governor who has tried both systems in his family and is a homeopath from choice, because he has the courage of his convictions, and because, knowing he was right, he dared to and did exercise his constitutional right and place the Fulton asylum under the management he wished it to have.

To carry out his plans the Governor appointed Drs. W. L. Reed, St. Louis; George A. Dean, Kansas City; and H. W. Westover, St. Joseph, together with Hon. P. S. Adams, of Fulton, and Gen. R. C. Horn, of Marshall, as a board of managers. Knowing what the Governor's wishes were, these gentlemen took charge of the affairs of the asylum and selected the following medical corps: Dr. J. T. Coombs, superintendent; Dr. T. H. Hudson, first assistant; Dr. J. M. Wilcox, second assistant; Dr. W. L. Ray, third assistant. When this corps were elected the entire retiring staff refused to turn a wheel. Dr. Worden, the superintendent, acted more courteously and got his staff to make their morning rounds, the homeopathic staff not having yet arrived. But at 11:30 a. m. they walked out, like a lot of striking mechanics, and Drs. Coombs and Wilcox, who had just arrived, took charge and began their work without any of the courtesies or assistance usual in such cases.

The eyes of a critical opposition are upon us. But our corps are men of ability and determination, and will look well to the interests of the wards of the State entrusted to them. The course of the retiring staff was boorish, cruel, uncivilized. No matter what their feelings toward homeopathy, they should, nevertheless, in the interests of their insane former patients, have done all in their power to have installed the incoming staff so that the best interests of the patients might be conserved. The Governor did exactly right in turning such rascals out.

SOME NEW YORK EXAMINING BOARD QUESTIONS.

The profession has heard a great deal about the eminent practicability and fairness of the questions to candidates for license in New York under the examining board law of that State, so often pronounced a model one; therefore we reproduce from the Chironian, the journal of students of the New York Homeopathic College, for March 15, a few of the questions propounded at one of these examinations:

In pathology and diagnosis, in which the questions asked are the same for the three schools:

Question 3. Describe the microscopic appearance of (a) epithelioma, (b) sarcoma, (c) carcinoma.

Question 4. Give the morbid anatomy of progressive pernicious anemia.

Question 14. Give causes and significance of irregularity of the pulse.

Question 15. What diagnostic value may be attached to variations of the skin in color, temperature and sensibility?

In obstetrics:

Question 16. Make by external (not bimanual)

palpation a diagnosis of the fetal position in utero.

In chemistry:

Question 8. Name three metals of the alkaline earths, giving a compound of each with its formula.

Question 10. How should organic matter be treated for arsenic analysis and how should the test for arsenic be applied?

In physiology and hygiene:

Question 12. Give the diet and the directions in respect to exercise, etc., required physiologically in the process of skillful training for physical contests. (At Carson, we presume.)

Question 13. Can it be proved that the diminished death-rate from diphtheria, so generally announced, is due to the use of diphtheritic antitoxin? Give reasons.

Now we submit in all fairness and candor that such questions are calculated to restrain the practitioner of years of experience who might wish to locate in New York from so doing, while they offer a premium for the raw student, just out of college, fresh from his text-books and lectures, thereby operating to the disadvantage of men of large experience and proven ability and favoring young graduates of untried quantity.

Furthermore, we submit that some of the questions are ridiculous. Take the last one given, for instance. Who among us can say at this time whether the diphtheria antitoxin has or has not been the cause of the supposed reduced death rate in diphtheria? Who can say, in the first place, that the rate has been reduced, and defend his position? And who can say, whether he be a practitioner of experience or a student just from college, that the reduction, if reduction there be, is due to antitoxin? And, furthermore, what business has this question in the department of physiology and hygiene, anyway? It borders close upon the department of practice, if, indeed, it does not truly belong there.

Take the questions in chemistry. What practitioner of say ten years or more experience, whose work is along other than lines calling for special duty in chemistry, can answer questions nine and ten? It may be claimed that we all ought to know about these things. So we should know about astronomy and read Greek and be able to translate Sanscrit. But how many of us do? Questions of this nature belong to the specialist rather than the general practitioner, and if the examining-board law is to be applied to young graduates and advanced practitioners alike there surely should be some discrimination in the examinations to be made in the two cases.

Referring to question fourteen, in pathology and diagnosis, "Give the causes and significance of irregularity of the pulse," we can only say that the man who propounded that question should be given a chromo. For are there not a hundred and one causes for irregular pulse, and may not irregular pulse have a hundred and one different significances?

And question fifteen is about as bad. "What diagnostic value may be attached to variations of the skin in color, temperature and sensibility." The diagnostic value of color is important to the last degree in scarlet fever; so it is in chromophytosis; likewise in jaundice; also in Hodgkin's disease. In the matter of temperature it might be significant in Asiatic cholera, surgical shock, chronic diabetes, and a score of other entirely dissimilar ailments. Yet here goes an omnibus question, covering almost the whole range of acute and chronic diseases, propounded at one shot.

But perhaps the single question given in the department of obstetrics is the one which should be awarded the palm: "Make by external (not bimanual) palpation a diagnosis of the fetal position in utero." At what date of viability? In single or twin pregancy? Before parturition has begun or while labor is on? With the left hand or the right? We have been practicing midwifery for a quarter of a century and taught obstetrics for three winters, but, by the great horn spoons, there are cases in which it is difficult to make out the fetal position with exactness, even by combined internal and external examination until the head is actually being forced into the world. Yet here we are asked to lay on one hand and say what is the position of the fetus!

We do not know who propounded these questions, nor does it matter. They speak for themselves. Others in the list are reasonable enough, yet still others are as profound and mysterious as are some of these. There is little that is practical in such an examination, and if it be offered as a sample of what examination by boards is we are more than ever inclined to say of them: "Go to!"

Clearly, these questions reveal an unfitness upon the part of the examiner which plainly tells the story that only men experienced in college teaching are capable of making intelligent and comprehensive examinations. Teaching is an art. So is examining. The propounding of a dozen or two of such blunderbuss interrogatories as those submitted forms no part of an examination likely to reveal the practical fitness of any candiate to practice his profession. If we are to depend upon this sort of test for the elevation of the standard of medical education throughout the land we very much fear that the last state will be worse than the first.

MICHIGAN'S PLAIN DUTY.

The battle is practically over in Michigan; the duty of every member of the profession in that State is becoming clear. On April 7 the contending forces met the committees of the senate and house at Lansing, presented their views of what should be done, gave their figures and facts and rested their cases. The result is that the senate committee, by a vote of two members against and one in favor, decided adversely upon the proposition to remove the college from Ann Arbor to Detroit, the house committee reaching the same conclusion by a vote of five against removal to none for it. With the reports

of both committees against removal it is not thought possible that the question will ever reach consideration on the floors of the legislative houses, but if it does it is not at all likely that the bill will receive favorable consideration. Therefore, the question may be considered settled. And now the duty of the profession of Michigan becomes plain.

The college should receive the unqualified support of every loyal homeopath in that State. It is a State school, was founded solely upon our demand, the battles having to be fought before the Legislature, and it was the wish of the founders that the school be established upon the campus, therefore the locating of it at Ann Arbor was of our selection. In the present effort at removal nearly three hundred of the homeopaths of Michigan petitioned against it, more than half of the Michigan members of the American Institute of Homeopathy petitioned against it, more than half of the members of the State Homeopathic Society petitioned against it; therefore, it may be truly said that the profession of Michigan desire that the school shall remain where it is. This being true, there is but one thing for the profession to do—to give it unqualified and enthusiastic support and make it the school it can be made to be if the profession of Michigan does its whole duty.

NEW OFFICERS OF THE CITY SOCIETY.

At the April meeting of the Homeopathic Medical Society of Chicago the following officers and legislative committee were elected for the ensuing year: president, A. K. Crawford, Hahnemann; first vice president, Charles Adams, Chicago Homeopathic; second vice president, C. M. Bruce, Hahnemann; secretary, W. S. White, Chicago Homeopathic; treasurer, Lorenzo N. Grosvenor, Chicago Homeopathic; legislative committee, Charles Gatchell, Chicago Homeopathic; H. V. Halbert, Hahnemann; H. P. Skiles, outsider; T. B. Roberts, Chicago Homeopathic; C. A. Weirick, Chicago Homeopathic; J. S. Mitchell, Chicago Homeopathic; and Howard Crutcher, Dunham.

This is the united city society of Chicago. Organized to bring all the profession, all the factions, all the colleges, all the various elements composing the large homeopathic population of Chicago together in fraternal spirit and action, it has served a fairly good end, and if we will but attend its meetings, take part in its deliberations and enjoy the programs furnished by those in authority we will undoubtedly be gainers thereby.

REPORTS FROM THE COLLEGES.

No member of the homeopathic profession can have read the reports from the colleges published in this journal last month, together with the additional reports appearing in this issue, without a pardonable feeling of satisfaction and pride. The financial condition of the country has been such as to depreciate the possibilities in every line of commercial and educational effort, yet the classes are reported to be about as large as usual, in some of the colleges larger, while the quality of student-timber is universally reported improved. The inauguration of the four years' course has reduced the graduating classes in a few of the colleges, but in most of them the list is fully up to the standard. Several have received bequests and donations, which have aided them in procuring larger equipment and better facilities, while other advances are reported as having been made. All told, the reports exceed in importance and favorable expression reasonable expectation.

Our educational institutions are, in the main, a just source of pride. Under the stimulating and fostering influence of the American Institute of Homoeopathy there is a uniformity of requirement about them which is exceedingly satisfactory, and which sets an example the colleges of the old school may well follow. They have half a hundred two-year, a good many three-year and but a dozen or so four-year colleges. All of ours are four-year schools. And while the four-year rule has worked hardship upon some of the newer institutions, yet the uniformity with which all have adopted the requirements of the Institute is highly commendable.

The profession has an obligation in this relation which should be mentioned. Not infrequently do we hear of homeopathic students, even the sons of homeopathic doctors, being enrolled in allopathic colleges. Sometimes the matter of expense controls in this issue. In other instances the element of distance is the operating one. In still other instances the young man wishes to graduate first from an allopathic college and later from a homeopathic school, because in following this order his courses of lectures in the old school are recognized by our colleges, while the reverse is not true. In individual instances still other reasons may be given for sending homeopathic students to old-school colleges. But none of these should ever cause any homeopathic doctor to send his son or student to other than our own faculties. Carrol Dunham sent his boys to Harvard Medical School, with the result that at least two of the sons of this homeopathic sage are allopathic physicians. Show us the case of a homeopathic son having first graduated from an allopathic college and we will point out in nearly every instance a mighty poor homeopath. Our boys and girls should be dyed in the wool. Homeopathy should be drilled into their every fibre. Our money should go into our own coffers, instead of being poured into those of a profession whose every word and thought and action in ethics is toward refusing us recognition equal with themselves. It is beyond comprehension how any self-respecting homeopath can find it in his heart to subject his son to the college of a profession who would deny us all professional recognition and crush us to the very earth if they could.

If students are first thoroughly equipped and drilled in homeopathy, are first fully convinced of its truths and made to see its advantages as exem-

plified in our clinics, they may well, when more mature, take review courses in old-school institutions. As a rule they come out of these more fully convinced than before of the superior advantages of the system they have been taught first. But it would seem that every interest, professional and personal, demanded the patronizing of our colleges first, and there should certainly be a oneness of action in this important relation which shall bring to us still better reports and which shall result in the further upbuilding and crystallizing of the homeopathic body-politic.

THE FIRST SPRING MEETING.

The Missouri Institute of Homeopathy has held her meeting for 1897 and a most enjoyable and profitable session it was. It was held at Kansas City April 20th, 21st and 22d. There were nearly a hundred physicians in attendance during the three days, representing nearly all parts of the state and some adjoining states. Kansas sent a number of visitors from neighboring cities, Nebraska sent her Dr. B. F. Bailey, and Chicago was represented by the editor of this journal. St. Louis had a good representation in Drs. Comstock, Parsons, Sr. and Jr., Young, Gibson, Brady, and, of course, the genial president, Dr. Richardson. St. Joe had the Drs. Ravold and Hall. Many smaller neighboring cities were represented by one or more of their local profession.

Unusual interest attended the session because of the recent assignment to homeopathy of the Fulton Insane hospital. This is very properly accounted a long step forward for Missouri, and the profession feel encouraged as never before to work harmoniously, unceasingly and determinedly to secure those just recognitions which belong to all intelligent and honorable professions. In a sense, the meeting partook of the nature of a jubilee occasion. But the regular professional part of the program was also most excellent, the papers of more than fair order, the discussions general and practical. It was remarked that more of the members engaged in the discussions than usual, a very important factor toward the success of any medical meeting. State societies soon grow tiresome when a half dozen r more monopolize the entire session, speaking upon every topic and often two or three times. At Kansas City the discussions were much more general than usual, therefore more diversified and practical.

By special invitation the editor of this journal delivered an address upon the subject of our insane asylums and legal control of the profession and its colleges, in which were elaborated and emphasized his well-known sentiments, as reflected in the editorial pages of the Century, upon the subject of state supervision of the medical profession. Not a dissenting voice was raised in opposition to his utterances on this topic, while, on the other hand, they were applauded to the echo and warmly sustained by nearly every one present. Missouri has just defeated an examining-board medical bill. The State Board of Health will reasonably supervise the colleges of Missouri, and regularly graduated physicians of experience are not to be subjected to the annoyance and possible disgrace of school-boy examinations by inexperienced examiners.

A committee was created to interview the governor with reference to the composition of the new State Board of Health, with the idea of securing equal representation with the old school thereupon, and with reference to securing the appointment of practical and reasonable men who will not undertake to police the whole system of medical colleges of this country, but who will look well to the interests of the homeopathic colleges and other homeopathic and health interests of Missouri. It is expected that this committee will have strong influence with the governor, as representing the wishes of a profession toward whom he is acting with consummate fairness and consideration.

The new officers of the Missouri Institute of Homeopathy are Dr. J. F. Elliott, Kansas City, president; Drs. McElwee, St. Louis, and Edgerton, Kansas City, vice presidents; Dr. E. F. Brady, St. Louis, secretary; Dr. Willis D. Young, St. Louis, provisional secretary; Dr. Scott Parsons, Jr., treasurer. The next meeting will be held in St. Louis in April of next year.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. E. P. Cook has located at Grabville, Ohio.

Dr. Z. B. Nichols, of Portland, Oregon, died recently.

Dr. Floyd J. Nutting has located in Leadville, Colorado.

Dr. Fannie E. Coooper has located at Manitou, Colorado.

Dr. H. M. Fenton, Cleveland, Ohio, is attending the Chicago Polyclinic.

Dr. W. A. Foster, Springfield, Ills., died March 17th, after a lingering illness.

Dr. A. B. Clayton, Evanston, recently returned from a vacation in the South.

Dr. J .E. White, formerly of Cleveland, is located in Colorado Springs, Colorado.

Dr. Paul Hullhorst, recently of Scotia, Neb., has located at Rogers Park, Chicago.

Dr. J. C. Daily, Fort Smith, Arkansas, recently returned from an enjoyable visit to the Pacific Coast.

Dr. Clitus S. Hoag, Bridgeport, Connecticut, will spend a part or all of the coming summer in Europe.

Dr. A. K. Crawford, Chicago, is announced to attend and address the Colorado State Society at Denver, May 25th.

Dr. B. C. Stolp, Wilmette, Illinois, has gone to Europe for a six months' tour of hospital observation and pleasure.

The International Hahnemannian Association will be held at Niagara Falls in June. The dates will be made known later.

Dr. Catherine V. C. Scott, San Francisco, has removed her office and residence to 14 Grant avenue, City of Paris Building.

It is being whispered that an unusually full dele-

gation will attend the Buffalo meeting of the Institute from Washington.

Dr. J. R. Boynton, professor of surgery in Hering College, suffered a protracted illness from inflammatory rheumatism recently.

Dr. R. D. McKinney, Chicago Homeopathic, '94, has located at Downers Grove, Ill., one of Chicago's prosperous suburbs.

Dr. C. A. Wilson, San Antonio, Texas, has recently been seriously ill with pleurisy. He is at present recuperating at Uvalde.

Dr. G. W. Hathaway, Lapeer, Michigan, visited Chicago recently, attending the April meeting of the city society while in the city.

Dr. Ellen F. Hawkins, late of Cleveland, has succeeded to the practice and location of the late Dr. Julia F. Jump, Oberlin, Ohio.

The Denver Homeopathic Medical College graduated a class of twelve on the evening of April 12th, at Trinity Church, Broadway.

Dr. W. J. Hawkes, Chicago, returned from his winter vacation in Pasadena, California, on the 22d ultimo, much improved in health.

Drs. E. A. Darby and Margaret Darby have removed from Canon City to Pueblo, Colo., and have taken offices in the Central Block.

The Good Samaritan Free Hospital at St. Louis has a homeopathic staff and has long been one of our foremost institutions in that city.

Dr. Arthur D. Patton, Montreal, Canada, will remove from his present location, 384 St. Antoine street, to 64 Crescent street, on May 1st.

The Colorado Homeopathic Medical Society will meet in Denver May 25th and 26th. Dr. J. P. Willard is secretary. Dr. A. J. Clark is president.

Drs. Frank E. McCurtain, Lillian I. Pollack, Marie Nordlund, and Walter J. King, of Denver's late graduating class, have located in that city.

The Southern Homeopathic Medical College, Baltimore, held its commencement exercises at the Lyceum Theater on Thursday evening, April 15th.

Dr. Kate L. Hickock, recently of St. Joseph, Mo., has located in Kansas City as successor to the late Dr. Canfield. Her office is in the Journal Building.

The Home for the Aged, Kansas City, with from twelve to twenty inmates, aged from sixty to eighty, is under charge of Dr. H. L. Northrop, of our profession.

Now that the contest is over, the profession of Michigan may well send to Topeka and borrow some of its "old angels;" that is, if Denver hasn't secured them all.

The Illinois State Board of Health, recently appointed by Gov. Tanner, has been confirmed by the senate. It held its first meeting on April 27th in Chicago.

The Denver Homeopathic Medical College graduated the first class to take the full four years in that institution on April 2d, issuing its degree to fourteen candidates.

Dr. H. M. Marsh, recently of Danville, Kentucky, has removed to Colorado Springs. He is succeeded at Danville by Dr. J. W. Krichbaum, late of Somerset, Kentucky.

Dr. W. W. Stafford has removed his office from the corner of Indiana avenue and 24th street to a residence across the avenue, an evidence of progress and prosperity.

Illinoisans should not forget their state meeting in Chicago May 11th, 12th and 13th. It promises to be the best and most enthusiastic meet the state society ever held.

The Tennessee State Homeopathic Medical Society will meet at Nashville May 19th and 20th. The names of the officers of the society are not recalled at this moment.

The Kansas City Homeopathic Medical College graduated fourteen candidates on March 25th. The doctorate address was delivered by Dr. H. W. Westover, St. Joseph.

Dr. C. D. Collins, 203 South Center avenue, Chicago, will spend the next three months in New York in post-graduate study and observation in skin and venereal diseases.

Gov. and Mrs. Stephens, of Missouri, attended the annual banquet of the Alumni Association of the Homeopathic Medical College of Missouri at St. Louis on April 8th.

The Southwestern Homeopathic Medical College, Louisville, graduated an even dozen candidates at its commencement, April 6th. It issued an exceedingly neat invitation this year.

Dr. H. W. Bascom, Ottawa, Illinois, attended the April meeting of the Homeopathic Medical Society of Chicago and pleaded for the approval of the one-board measure, then before the Legislature.

Dr. F. E. Boericke, of Boericke & Tafel, visited Chicago on his regular tour of pharmacy inspection recently. He found everything as it should be under the competent management of Dr. M. R. French.

Dr. E. H. Pratt, Chicago, is making a visit to his father and mother on the Pacific coast. He needs and deserves the rest and recreation, while the fond parents fully enjoy the visit of their distinguished son.

The "Big Four," a Kansas City medical journal, announced the death of Dr. A. C. Jones, giving Dr. W. L. Hedges as its authority, in its March issue. It was from that journal that the Century got the incorrect item.

Dr. A. Cuvier Jones, Colorado Springs, has so far recovered from his recent serious illness as to be able to go to New Mexico for his convalescence. He expects to resume professional work about the middle of June.

Hahnemann Hospital, Chicago, held its annual reception on Saturday, April 10, at which time a large number of friends and patrons of this most excellent hotel des invalides enjoyed the hospitalities of its managers.

Boericke & Runyon, San Francisco, have moved into their new pharmacy, 231 Sutter street, immediately opposite their old stand, where they have opened one of the finest homeopathic pharmacies in the United States.

Dr. J. Kent Sanders, Cleveland, read a paper before a medical body in that city recently, covering his experiences and ideas about the hospitals of Europe, which has been pronounced very interesting and instructive.

Dr. William H. Bishop has removed to 46 West Forty-eighth street, New York, with hours from 10 to 2 and 7 to 8. His telephone number is 516 Thirty-eighth street. Dr. Bishop's former location was 119 East Forty-seventh street.

Dr. H. O. Munson, Rushville, Ill., is on his way to London to take the post-graduate clinical lectures at the London Homeopathic Hospital. While in London he will also take review-work at other hospitals in surgery and gynecology.

Halsey Bros. Company, Chicago, for so many years on Dearborn street, have moved into new and enlarged quarters at 65 Washington street, just off of State, where they can be found from this date by their hosts of friends and patrons.

Dr. John Wanless, Montreal, will remove to To-

ronto in May. Dr. Wanless has been in successful practice in Montreal for thirty-seven years. He has practiced homeopathy above fifty years, is now above eighty-five years old and still hale and hearty.

Dr. Stephen H. Knight, the accomplished editor of the Medical Counsellor, Detroit, has removed to 18 West Willis avenue, from No. 14, same avenue. Dr. Knight's general family practice is growing apace, making new residence and office necessary.

At the recent competitive examination for internes of Cook County Hospital the successful candidates were: Drs. L. W. Beebe, L. B. Morse, T. C. Low and T. J. Motter. Dr. H. L. Simmons was chosen first alternate, Dr. A. Lewey second alternate.

Last year there were but fifty-nine students in all the homeopathic colleges of this country from Michigan and Canada. Detroit would have had to hustle to have worked up the two hundred the advocates of college removal argued would be brought to Detroit.

Dunham Medical College is reported to have had a class of nearly fifty students, of whom eight graduated. This college is not yet officially recognized by the State Board of Health, nor by the American Institute of Homeopathy's Intercollegiate Committee.

The Missouri State Board of Health succeeded in having slipped through the lower house a measure empowering it to determine what shall be the qualifications of physicians applying for license in that State. The measure will be killed in the senate, so it is said.

Secretary Aldrich, of the Minnesota Institute, sent out the notices to attend the state meeting at St. Paul on May 18th in the form of an imitation of a court subpoena. If the members of the profession of Minnesota do not respond they should all be fined for contempt.

The St. Louis Homeopathic College is reported to have had the largest and best graduating class of its history this year. But for the arbitrary rulings of the Missouri Board of Health, whereby many good students were ruled out, it would have had still more prosperity.

Dr. George H. Martin, San Francisco, has been elected president of the County Society for the ensuing year. Dr. Martin is an enthusiastic society man, a loyal homeopath and a zealous worker in all things he undertakes, so look out for a successful series of meetings.

Dr. B. F. Bailey, Lincoln, Nebraska, member of the Nebraska State Board of Health and prominently mentioned in connection with the next presidency of the American Institute of Homeopathy, visited and took part in the Kansas City meeting of the Missouri Institute last month.

Dr. W. A. Farnsworth has removed to Grand Rapids, Mich. During the months of July and August he will reside at Petoskey, receiving summer patients there, as usual. Dr. Farnsworth reports the profession of Grand Rapids as occupying high position in the community.

The Southern Tier Homeopathic Medical Association of New York held a successful quarterly meeting at Elmira on April 20th. There was a good attendance, a number of practical papers, and an interesting address from Dr. F. Park Lewis, Buffalo, on "Advances in Psychology."

Dr. Wilson A. Smith, Chicago, removed to South Haven, Michigan, on the 9th of last month. Dr. Smith was formerly editor of the Medical Current, a most excellent journal while under his care, and later was associate editor of this journal. The best wishes of hosts of friends in Chicago and Illinois go with him in his new field of labor.

The National Medical College, which has been reinstated in the graces of the Illinois State Board of Health, held its commencement exercises in Steinway Hall, Chicago, Tuesday, March 30th, graduating a class of fifteen. Dr. Curtis M. Beebe delivered the faculty valedictory.

Dr. J. G. B. Custis, president of the American Institute of Homeopathy, is putting forth unusual efforts to make the Buffalo meeting a successful one and to develop those social and fraternal relations between the members which shall make it more and more a pleasure to attend the meetings.

The Children's Hospital of St. Louis is under homeopathic care, with Drs. Goodman, Burleigh, Morrell and Cummings as physicians, Dr. Parsons, Sr., as surgeon, and Dr. Campbell as oculist. It accommodates from forty to sixty patients and has a record highly creditable to homeopathy.

A new surgical hospital has been established in St. Louis by Drs. Goodman, Harris, McElwee and Young. It is not a very pretentious institution, but is neatly furnished, has had forty-two cases thus far with but one death, and gives signs of developing into quite a private surgical hospital as time goes on.

The Denver Journal of Homeopathy announces the purchase by the board of trustees of a model site for the erection of new buildings for the Denver Homeopathic Medical College, and believes they will be ready for occupancy by the 1st of October next. It is hoped the Denver Journal's hopes may be fulfilled.

The Illinois Senate has appropriated the neat sum of $358,000 for buildings and maintainance of the new Western Insane Hospital, of which our Dr. W. E. Taylor is superintendent. This is a good start toward the erection of a magnificent hospital, for which a previous sum of $100,000 had already been donated.

Dr. J. N. Majumdar, son of the well-known Indian author-editor and physician, Dr. P. C. Majumdar, Calcutta, who attended the World's Congress at Chicago, graduated from Hering Medical College last month, after three years' sojourn in medical study in Chicago. He has returned to India to practice.

The Kansas City Protestant Home for the Aged, with from twenty-five to fifty inmates, is under the care of our Dr. Charles Sinclair Elliott. This Home contemplates erecting a large building at an early day and changing its name to the Memorial Home for the Aged of Missouri, receiving inmates from all over the state.

The commencement exercises of Hahnemann Medical College, Philadelphia, will be held at the Academy of Music, on the evening of May 12th. The alumni association, of which Dr. C. W. Adams, New Haven, Conn., is president, will meet in the afternoon and will hold its annual banquet at the Walton in the evening.

Dr. J. B. Dunham, Wenona, president of the Illinois Homeopathic Medical Association, says of the Medical Century in a recent valued letter: "You are certainly furnishing the profession with a journal second to none in practical utility. Dr. E. M. Hale's article on the first page of the April issue is worth the year's subscription."

The New York legislature has just appropriated one hundred and fifty thousand dollars toward the Collins Farm Insane Hospital. Last year the appropriation was one hundred thousand dollars. Thus, a quarter of a million and the grounds have

already been given by New York toward this new insane hospital under homeopathic care.

The Pharmacopeia of the American Institute of Homeopathy, begun by a committee in 1888, its publication being approved and authorized by the Institute in 1896, is completed and now ready for delivery. The Western Agents are Gross & Delbridge, Chicago. At an early date this very greatly needed book will receive review in these columns.

The Denver Journal of Homeopathy for April was wholly edited by the lady members of the profession of Colorado. Thus the editors got a much-needed rest from their exceedingly arduous labors, and the women members of the medical profession were surely won over to the warm support of the journal—at least, those were who edited it.

The Kansas City Homeopathic Medical College is said to have had a good year, notwithstanding the organization of a new college next door to it, as it were. Its graduating class numbered fourteen, its clinics were large and varied, and its faculty are said to have labored earnestly in the interests of the students presenting themselves for instruction.

Dr. J. T. Kent, Philadelphia, has issued a new homeopathic journal, titled the Journal of Homeopathics, devoted to the interests of his post-graduate school and the study of extreme attenuationism. It will contain series of the editor's excellent studies in materia medica, which, independent of their potency theories, are usually clear and valuable.

The Southern Homeopathic Medical Association will hold its next meeting at Nashville in connection with the Industrial Exposition to be held in that city this fall. It is the intention to attract an unusually large number of physicians from all over the country, in order the more thoroughly to arouse an interest in the progress of homeopathy in the southern states.

Dr. E. B. Holmes, an old pioneer homeopath of the West, died at Leavenworth, Kansas, on April 10th, after a long illness, due to a complication of diseases. Dr. Holmes was an occasional contributor to the Medical Century two or three years ago, took the liveliest interest in the affairs of his profession, and died at an advanced age, after a life of usefulness and honor.

Dr. H. W. Champlin, Towanda, Pa., recently made application for membership in the allopathic society of that county, having no local society of his own, and having been on excellent personal and professional terms with numbers of the members, but was refused on the grounds that it would be against the ethics of the State society to receive a homeopath into fellowship.

Dr. H. A. Noyes, Mt. Carroll, Ill., has disposed of a half interest in his practice to Dr. H. R. Wood, a graduate of Hahnemann Medical College, Chicago, recently associated with Dr. Blackwood, in South Chicago. Dr. Noyes expects to be absent from his field for some time in the interests of his health and in post-graduate work. He is at present in Asheville, N. C.

In a recent note Dr. J. M. Lee extends his sincere thanks to the Medical Century for its "valuable aid in preventing the removal of my old Alma Mater." The Century did not know how Dr. Lee felt on this subject until this note was received. His attitude but strengthens this journal in the belief that its opposition to removal was well-founded. Surely, alumni like Dr. Lee ought to know what is best for the college.

Dr. William Simpson, San Jose, California, has been re-elected a member and secretary of the health board and Health Officer of San Jose. The San Jose newspapers highly compliment Dr. Simpson upon his excellent past record in these offices and predict a continuance of the satisfactory sanitary condition of their city. Dr. Simpson is also captain general of the Knights Templar, San Jose Commandery No. 10.

The eclectics of Ohio accept the assignment to our side of one of their positions on the State registration board with Christian resignation, saying the result was brought about by the registration law having driven from the State since the last roll-call many who were parading under the cloak of electicism at the time of the earlier count. Good philosophy this, and a good spirit behind it. Nothing like accepting defeat gracefully, and also manfully.

The homeopathic profession of Kansas City is arrayed in solid phalanx against the passage of examining board legislation in Missouri this year. The homeopathic profession of Chicago is split in three factions in the subject. Better unite as they have done in Kansas City against all legislation of this character, and follow up the plan of reasonable legislation by the State Boards of Health for the colleges, the fons et origo of medical practitioners?

Dr. Wilson Smith reports that he is on a little farm near South Haven, Michigan, trimming little trees, watching the buds swelling, listening to the singing of the birds, and feeling as if he were just out of jail. He wonders why all the tired doctors do not follow his example and enjoy the refreshment that comes from complete physical and mental rest. This is what we should like to do. Wish the doctor could send a slice of his little farm over to Chicago for a week or two.

The latest from Lansing is to the effect that the senate has refused by a vote of twenty-one against seven in favor to submit to a vote of the people a joint resolution making the regents subject to legislative authority. This would seem to remove the last chance of the removalists toward the gaining of their point. The senators voting against the proposition deemed it unwise to subject the management of Michigan's splendid university to legislative changes and whims.

There were forty-one deaths from typhoid fever in Chicago in March, fifty-seven from diphtheria, twenty from measles, ten from scarlet fever, sixteen from whooping cough, one hundred and ninety-one from consumption of the lungs, forty-one from other tubercular diseases, one hundred and twenty-five from bronchitis, two hundred and forty-two from pneumonia, fourteen from appendicitis, thirty-five from puerperal affections, and one hundred and three from violence.

Gov. Tanner has again done homeopathy in Illinois a lasting favor in appointing Dr. P. H. Wessell, of Moline, the homeopathic member of the State Board of Health. Dr. Wessell is one of the brainiest men of our profession, a man as free from prejudices and predilections as most men, loyal to our cause and its every interest, and will make us a good and faithful representative. Most heartily does the Medical Century commend this latest appointment of our fair-minded governor.

There is a bill before the Michigan legislature providing for the emasculation of all inmates of the Michigan Home for Feeble-Minded and Epileptics, for those committed to prison for the third time for felony, and for those convicted of having ravished a woman or child. Competent surgeons are provided for the performance of the operation, and the bill makes it mandatory for the superintendents of in-

stitutions in which such persons are confined to see that the operation is performed.

The printer's got Dr. Green's most excellent article in Surgery bady broken in the make-up last month in their effort to properly place the illustrations therefor. There is no way of making corrections in it at this time, nor is it deemed very necessary, since the correlation is such that no one will have been misled in any essential particular by the bunglesomeness of the construction. It is purely a typographical constructional error, for which the author of the paper is in no sense responsible.

Those journals which get a large share of their news-notes from this journal fell into the well in announcing the death of Dr. Jones, of Colorado Springs, which was erroneously reported in the Century for April. Dr. Jones did not die, as reported, but is making a rapid recovery. Perhaps he may tell some of us how it feels to read one's obituary, in language sufficiently forcible for us to understand. The Century has apologized. Those who got the note from it had best do likewise immediately.

The Clinical Reporter, St. Louis, has a symposium on wheel-riding for women, and incidentally for men, in its April issue, with opinions from Drs. Fisher, Duffield, Monroe, Lippincott, Orme, Beebe, Galloway, Pratt, Price, Cowperthwaite, Dryden, Sargent, Scott Parsons, Gibson, Morgan, Lindley, and Green, in order named. The consensus of opinion is that wheel-riding is good for women, very good for most women, and contraindicated for but a small per cent. of women. In another issue we may synopsize the opinions given in the Reporter.

The new Kansas City college, the College of Homeopathic Medicine and Surgery of the University of Kansas City, is reported to have made a good start. It has a well-balanced faculty of energetic and competent men, had seven students the first year, with one graduate, and is reported to have prospects of from twenty-five to thirty new students in sight for next winter. The university has a backing of more than two hundred thousand dollars, and it is said that excellent prospects are in store for the immediate future. May they all be realized.

The Medical Century is pleased to be able to publish a newsy letter from its London correspondents, Messrs. Dudley Wright and George Burford, of the London Homeopathic Hospital, to which attention is called. These gentlemen have kindly consented to keep this journal informed of homeopathic progress in the Mother Isle, from time to time. We are sure their letters will be warmly welcomed on this side of the ocean. We are always interested in noting the growth and advancement of homeopathy in England and other older countries than ours.

Governor Tanner recently appointed a new State Board of Health for Illinois, as follows: C. B. Johnson, Champaign, to succeed B. M. Griffith, of Springfield, term expired; L. Adelsberger, of Waterloo, to succeed Sarah Hackett Stevenson, Chicago, term expired; Florence Hunt, Chicago, for the term expiring December 30th, 1900; M. Meyerovitz, Chicago, to succeed Dr. J. A. Vincent, resigned; Z. B. Franch, Lawrenceville, for the term ending December 30th, 1898; Julius Kohl, Belleville, for the term ending December 30th, 1897; and Dr. P. H. Wesseld, of Moline.

We are in receipt of a contribution in favor of removal of the college of the University of Michigan from Ann Arbor to Detroit, from the pen of Dr. J. A. Lenfesty, Mt. Clemens, which came too late for insertion in the April issue, and which is inappropriate for this number in the light of the emphatic action by the legislative committees of the two houses at Lansing and the subsequent action of the senate, declared elsewhere. But for the fact that the Medical Century looks upon the matter as definitely settled, beyond the peradventure of doubt, it would most cheerfully give place to the contribution.

The Rochester Homeopathic Hospital has had a donation made it by Mrs. Don Alonzo Watson, one of its most liberal patrons and most loyal friends, in the sum of seven thousand dollars for the purpose of constructing a surgical operating-room. Its dimensions will be 42x60 feet. It is to be of frame, with vitreous tiling and marble wainscoting. There are special preparation rooms, etherizing rooms, retiring rooms, an X ray room, special heating apparatus whereby surgical temperature may be easily and surely maintained, and, in fact, all the advantages that a high order of surgical and architectural art combined can devise.

Our British colleagues are in trouble over the printer's bill for the Transactions of the International Congress of last August. But forty-five of the more than two hundred members have paid for their volumes, the rest lying in the print-shop unsent for. The price has also been found to be insufficient, and henceforth the volume will be sold for fifteen shillings. It is a splendid record of the Congress, and well worth the money. The British secretary would like to have a few hundred copies sold in this country. And since this was our congress as well as theirs, it is hoped the American profession will take pains to secure the volume. Let us go to the rescue and at the same time procure for ourselves a book full of good and practical things.

Grace Hospital, Detroit, treated 828 patients last year. Two hundred and ninety-four were medical cases, 316 surgical and 154 gynecological. There were also forty-nine obstetrical and twelve ophthalmic patients. The dispensary treated 2,078 new cases, making a total of 4,196 prescriptions. The training school graduated twelve nurses. This hospital is homeopathic, but it admits patients of allopathic physicians as well. The comparison is especially to our favor. Of the medical cases we lost a percentage of 3.2, while the old school lost 24 per cent. of theirs. Of the surgical cases we lost 3.3 per cent., the allopaths losing 7 per cent. Of the gynecological cases we lost 1.2 per cent, the allopaths lost 4 per cent. So it will be seen that in surgery and gynecology, even, we are ahead of them, while in the medical department we have a better record by a comparison of 3.2 per cent for us against 24 per cent. for them. This should be a suggestion to our profession that, after all, we are strongest in therapeutics still, as in the days of Hahnemann, and that we should keep close to the shore-line of homeopathic prescribing. We believe even still better results to be obtainable in the departments of surgery and gynecology if homeopathic therapeutics were called more frequently into requisition.

It is said that Idaho has just passed an examining board medical law and that during the House debate on the subject a member cinched the vote by exhibiting a diploma from Rutland, Vermont, which he had purchased by correspondence on the subject. It is not infrequently that the pure gold is counterfeited, to the disgrace of the better metal. If this legislator had known it he might have sent to Florida, Georgia, or even New York, and have secured plenty of evidence of the insufficiency of examining board examinations. We happen to know of a number of counterfeit doctors who have suc-

ceeded in passing these highly lauded State examinations.

Dr. Emmet L. Smith, chairman of the bureau of histology, physiology and pathology, is putting forth intelligent effort to make his usually neglected section one of the most interesting at the forthcoming meeting of the Illinois State Homeopathic Medical Society. He has had set aside for the work of his bureau the whole of the evening of the second day of the session, May 12th, at which time there will be exhibited a large number of microscopes through which members and visitors will be enabled to view rare and valuable collections belonging to the subjects covered by this bureau. Dr. Smith expects to have from fifty to a hundred microscopes at work under charge of competent microscopists.

There will be exhibits in general pathology, tumors, intestinal section, ophthalmology, dentology, bacteriology, botany, urinalysis, chemistry, neurology, embryology and other departments of microscopical study, including specimens of trichinosis from the office of the government examiners at the stock yards. Dr. Smith has secured the promise of attendance of a number of scientists of Chicago who are experts in microscopy, as also of a number of assistants at the colleges and hospitals who are enthusiasts in this line, and thus a profitable and most enjoyable evening is assurred. The entertainment will be unique, pleasing and profitable.

The Florence Crittenden Home, Kansas City, is under homeopathic medical supervision. Drs. Northrop, Jenney and Merwin are the staff. The Home has presented hundreds of cases of all kinds, most of which have been cared for by Dr. Merwin, with excellent results as to recoveries and low rate of mortality. The Home is said to be doing good work for its inmates in every line of operation, especially medically and surgically. Through it many good people of Kansas City who interest themselves in the women sent there for care and reformation become impressed favorably with the results of homeopathic treatment. Such charities are deserving of our attention and most painstaking efforts.

The Hahnemann Association of Western Pennsylvania gave its annual Hahnemannian dinner in honor of his birthday and in celebration of the one hundred and first anniversary of the promulgation of his law of cure at the Pittsburg Club, April 10, at 7:30 o'clock. A most excellent literary and gastronomic menu was provided for the members and guests. Toasts were responded to by a number of prominent citizens and physicians of Pittsburg and Allegheny, the occasion being one of great enjoyment and intellectual pleasure. Our J. H. McClelland responded to the toast, "Hahnemann, the Most August Figure in Medical History." Dr. J. H. feels just that way; therefore it may be safely predicted that he did justice to the toast.

While not accounted a pleasant thing in journalism to have to "take it back," the Medical Century rejoices in having the opportunity of recalling its obituary notice of Dr. A. Cuvier Jones, of Colorado Springs, which appeared in the April number. Our news-gatherer saw a notice of his death from tubercular pneumonia in another journal, whereupon the editor expressed his individual sorrow at the supposed untimely end of this honorable colleague. Since publishing the notice we have received word from Dr. W. Carey Allen, Dr. Jones' partner, to the effect that Dr. J. is "very much alive and kicking" at the idea of not being. We recall the announcement with pleasure and rejoice that Dr. Jones is still with us. May he live long and prosper.

A plan is on foot in Kansas to set aside one of the insane hospitals of that State for our profession. At present both the Ossawattomie and Topeka asylums are under allopathic control. Dr. Eva Harding, of Topeka, seems to be most active in agitating the question, and there are some prospects that the assignment will be made. This is exactly right. In every State in the Union in which homoeopathy has a share of the public asylums the records are to our favor, both in per centums of recoveries and a less number of deaths; and at the same time, the asylums under old-school management have been prompted to better effort than before by the healthy rivalry which has been excited. By all means, Kansas will profit by giving an asylum to us and one to the old profession.

The local committee of the American Institute of Homeopathy at Buffalo is putting forth commendable and strenuous efforts to make the coming session a banner one from the viewpoint of new members. Every journal in the profession is asked to co-operate toward adding to the list, and an individual request is being made of every physician in our school to unite this year with the national association. This is a most praiseworthy effort, and should meet with large returns. The Medical Century will cheerfully co-operate and gladly supply application blanks to all who may apply for the same. Every homeopathic doctor in all this broad land should associate himself with the American Institute of Homeopathy. Were we not so crowded for space this issue we should take pleasure in enumerating some of the reasons why. Perhaps we may in the June number.

We were told with a good deal of vigor at a recent meeting of the Homeopathic Society of Chicago, by one of the speakers that the "tendency," with accent on the first syllable, is toward examining board legislation and that, therefore, we should shut our eyes, hold our noses and gulp it down—or words to this effect. Good logic, this! Yes, the "tendency," with accent on the first syllable again, is this way sure enough. For have not the dentists asked for this kind of regulation, and have not the horse doctors asked for it, and have not the telegraphers been asking for it, and have not the barbers put themselves on record as desiring it, and have not our coadjutors, and ofttimes successors, the undertakers asked for it? Yes, the tendency is toward it, sure enough. Therefore, we should join our brethren of the casket, the razor and the mammoth hypodermic for the cure of botts, and ask for some of it, too.

At the April meeting of the Homeopathic Medical Society of Chicago, Dr. A. C. Cowperthwaite read a practical paper on "Some Homeopathic Remedies in Uterine Hemorrhage;" Dr. Charles Adams cited three interesting surgical cases, in one of which he removed a belt-pin from the bronchus of a boy of five years by a low tracheotomy, in another of which he removed two calculi and also a good-sized piece of chewing gum from the bladder of a male adult, and in the third of which he removed a large-sized rawhide tent from a tumor in the lumbar region, it having perforated the uterus and found its way out through the peritoneum and tissues via the sacral foramen, to serve as a nucleus for a large tumor, which was at first thought to be a round-celled sarcoma; and Dr. A. K. Crawford read an interesting paper on "Suggestive Therapeutics," in which he cited the methods of operation of Bernheim, of Nancy, whose clinics he attended for some weeks last summer.

NEW YORK NEWS-NOTES.

Dr. Harriette C. Keatinge, New York, removed May 1st to 109 West 48th street.

Dr. and Mrs. A. B. Norton, New York, spent the first week of April at Atlantic City.

Dr. E. S. Munson has been appointed lecturer on histology in the New York Homeopathic College and Hospital.

Dr. C. C. Boyle, New York, will remove May 1st to 49 West 37th street, with hours from 8:30 to 1, Sundays 10 to 11.

Dr. W. M. White has been re-elected health officer of Amsterdam, New York. He is now serving his third term in this position.

Dr. J. Ralsey White, a well-known physician of the early days of homeopathy in Western New York, died at Rochester March 5.

Dr. Wm. More Decker, of Kingston, New York, who lately sold his practice to Dr. George Parker Holden, will locate May 1st in Buffalo, with offices at No. 416 Norwood avenue.

Dr. Wm. Boericke, of San Francisco, head of the house of Boericke, Runyon & Ernesty, of San Francisco and New York, spent several days during the middle of April in New York.

The Directory of the physicians of New York and vicinity put out by Mr. Jas. A. Robinson is a most commendable compilation for accuracy and completeness. Mr. Robinson is the publisher of the Homeopathic Eye, Ear and Throat Journal—another commendable product.

The Medical Society of the County of New York, at a full meeting, recently disapproved of the proposed plan of the New York health board of making the reporting of cases of plumonary tuberculosis compulsory. The consensus of opinion was in favor of a special hospital for indigent cases of this disease.

The New York World, in chronicling important events, says, under date of April 10th: "S. C. F. Hahnemann, the founder of homeopathy, was born April 10th, 1755. Young saw-bones of the allopathic school, just loosed on humanity, refer to the old gentleman in tones of withering contempt—but his name continues to be famous."

The Woman's Medical College, which a few days ago stood on the corner of Livingston place and East Fifteenth street, is no more. Fire which broke out in the early morning of April 22d gutted the building and destroyed the contents. The total damage done is estimated at $55,000. The New York Infirmary for Women and Children, which adjoins the college, had almost a hundred inmates at the time of the fire, who were all more or less excited thereby. The flames, however, were got under control before they spread to the Infirmary, and beyond the fright no harm was done.

The New York office of the Medical Century has been located at No. 503 Fifth avenue, corner Forty-second street, within a few doors of Boericke & Tafel's up-town pharmacy and Boericke, Runyon & Ernesty's pharmacy. The location is most convenient for the local profession, and exceedingly so for all who enter New York at the New York Central depot. The latch-string hangs on the outside. The business manager will be found in charge during business hours and will warmly welcome the friends and patrons of the journal, who are invited to drop in and leave their personals and other news notes.

The neighborhood of 311 East Seventy-third street went into quarantine the latter part of April on account of small-pox. A small riot occurred among the Bohemian inhabitants when they discovered that the physician who had been summoned to attend the two suspects was about to have them removed to the hospital. That was before the Bohemians knew what the trouble was. When they found out another small riot bristled up because the suspects hadn't been removed sooner. The cases were in the family of the janitor of the building at the number given above. It was said that there are a number in the house, but the report was not verified by the health officers.

The House of Refuge has been quarantined by the Health Board by reason of the trachoma cases in evidence there. Medical Inspector Lynde found that about twenty-five per cent. of the inmates of the house have trachoma, though in a mild form, and that the number of cases is steadily increasing. Medical Inspector Morris corroborates Dr. Lynde's testimony. The latter reports that out of two hundred and twenty-two inmates examined sixty were found affected with the disease. The Board of Managers of the House have been brought sharply to task because of the laxity in their routine which permits the diseased children to mingle freely with the healthy, use the same towels, etc.

A prominent member of the New York County Medical Society was expelled from that body on the occasion of its meeting, April 19th, on the charge of illegitimate advertising. It is said that the society is about to use drastic measures to keep down some of the regulars who like their names in public places. The action of the society is openly criticised by certain of its members who claim that as a body it violates the ethical spirit in question. In support of this they show a directory of physicians published under official auspices in which appear the names of many patent medicines. These, though not formally recommended, are, it is held, given a standing by their appearance in an official publication. Consistency is a rare jewel and nowhere is it further to seek than in medical ethics.

OHIO AND INDIANA NEWS-NOTES.

Dr. A. Michael, late of Flora, Indiana, has removed to Tipton, same state.

Dr. J. N. Records, late of Danville, Indiana, has located in Franklin, that state.

Dr. King, formerly at Ashland and Youngstown, has located again and permanently in Ashland.

Dr. A. J. Crane, Kenton, Ohio, is taking a special course in New York in the eye, ear, nose and throat.

Dr. W. F. Gott, of Crawfordsville, Indiana, is the homeopathic appointee on that state's new medical registration board.

Dr. John H. Baldwin, of New Albany, Indiana, has been appointed a resident physician at the Louisville City Hospital.

Dr. Neff, late of Hammond, Indiana, has gone to Arizona for his health's sake, retiring from Hammond for the purpose.

Dr. McCullough, late interne Cook County Hospital, Chicago, is now associated with Dr. O. S. Runnels, Indianapolis.

Dr. J. S. Fahnestock, Piqua, Ohio, will take an extensive Eastern trip in May. He will attend the American Institute meeting in June at Buffalo.

Dr. A. O. Palmer, Warren, Ohio, attended the commencement exercises of the Hahnemann College, Chicago, of which he is a graduate, on the 25th of March.

Dr. E. D. Berger, Frankfort, Indiana, will spend a

part of May in visiting his former home, Vinton, Iowa, returning in time to attend the Indiana Institute meeting May 18th, 19th and 20th.

The Indiana Institute of Homeopathy will hold a three days' session this spring, the first in its history, convening May 18th. A one-fare rate has been allowed for the meeting from all points in Indiana.

Lima, Ohio, has a new homeopathic representative, Dr. W. N. Boyer. Dr. Boyer is a graduate of Hahnemann, Chicago, class of 1881, and has since associated himself with the American Association of Orificial Surgeons and other progressive bodies.

The total registration of physicians in Ohio is as follows: Allopaths, 5,810; homeopaths, 850; eclectics, 670; physio-medicists, 90; unclassified, 50; total registration, 7,470. Of these all are graduates but 660, licensed under the ten years exemption clause.

The offices occupied by Dr. O. S. Runnels for twenty-five years are being demolished, compelling his removal. He has taken new offices corner of Ohio and Meridian streets, which, when completed, will be the finest suite of medical and surgical offices in Indiana.

Dr. E. A. Wehrman's son who graduated from the Chicago Homeopathic Medical College this spring will take special work during the summer and will then go to Vienna to complete special courses of study before locating in his home, Indianapolis, for the practice of his profession.

Dr. H. F. Biggar, Cleveland, has announced a banquet at the Hollenden, Cleveland's popular hotel, on the evening of May 1st, complimentary to the doctors and nurses who have assisted him in his first series of one thousand laparotomies.

At the twelfth annual commencement exercises of the Cleveland Training School for Nurses of the Huron Street Hospital, homeopathic, there were graduated a class of nine nurses on the evening of Thursday, April 8. Dr. H. Pomeroy, of the Cleveland University of Medicine, is dean of the school. Hon. Marcus Aurelius Hanna is president of the board of trustees of the hospital.

Dr. Edwin J. Cauffield, who has just moved from Middlefield, Ohio, to Akron, that state, writes the Medical Century that Middlefield is a good location for an energetic young physician who would like a village and country practice. Dr. Cauffield also calls attention to Mesopotamia, Ohio, as presenting a good opening. The two towns are near enough together to permit of a conjoint practice in both.

Most of our graduating classes this spring wore the clerical cap and gown, but Pulte gave her boys an dher one girl their diplomas while the recipients were in full evening dress, a dress which may well be adopted by all our colleges. There is less of objection on the grounds of hiring a suit than with the gown, for in many instances the boys have their own evening suits, while in every instance the gown must be rented.

The Ohio Medical Law passed a year or two ago, providing for a Board of Registration and Examination, has just been declared unconstitutional. The text of the decision has been asked for. It is believed a great deal of the special medical legislation being enacted over the country is of a kind denominated "class-legislation," and will fail to stand the test of the higher courts if anyone chooses to carry it up to the bench of last resort.

Dr. A. O. Palmer, Warren, Ohio, will spend the summer in hospital review abroad. During his absence he will attend the special course of clinical lectures and operations at the London Homeopathic Hospital. This is right. Homeopaths reviewing abroad may well put in at least a part of their time at this splendid institution, not only being the gainers thereby, but at the same time encouraging our English confreres in upbuilding a clinical school.

Pulte Medical College, Cincinnati, graduated the following class on the 30th of March: H. Q. Alexander, A. S. Bliss, A. J. Charlton, H. W. Eby, F. W. Fischer, W. T. Findlay, W. E. Gault, John Goddard, Jr., G. G. Hunt, G. A. Jend, C. J. Krehbiel, A. A. Roberts, C. W. Taylor, Jr., W. S. Walker, W. M. Warner, Elva L. Ward, R. C. Wolcott, and Charles Zurmuhlen—eighteen in all, of which number one is a lady. The exercises occurred in the Scottish Rite Cathedral, which was filled to its utmost capacity with friends of the college and class. The doctorate address was delivered by Dr. W. A. Geohegan, the regular clerical address by Rev. C. F. Goss. The alumni banquet was held immediately after the exercises. Dr. J. M. Crawford is the president for the ensuing year, Dr. H. W. Wiggers secretary.

The new Indiana Law is the outgrowth of joint meetings of legislative committees representing the Indiana Institute of Homeopathy, the Indiana State Medical Society, the Indiana Eclectic Medical Association, and the Indiana Physio-Medical Association. The committees of these bodies met in joint assembly from time to time to construct a measure which would be acceptable to all, finally agreeing upon the bill which recently passed the legislature by a vote of sixty-eight to nineteen in the house of representatives, and by forty-two to five in the senate. It is similar to the Ohio law, providing for a state board of registration who shall register all physicians in the state and who shall determine what colleges shall be recognized as reputable and in good standing. Graduates of these will be permitted to practice upon registering their diplomas. The board will be composed of two allopaths and one from each of the other schools. It is provided that no school shall ever have a majority of the board, and also that it shall be non-partisan politically, there being three members from one party and two from the other. Discrimination against any system of practice is prohibited. The bill was opposed chiefly by representatives of fake colleges and travelling quacks. Dr. O. S. Runnels was chiefly active in securing a law which shall be fair to all alike, and largely to his efforts is the passage of the measure due. Other members of the legislative committee were also active, but Dr. Runnels was right on the ground and looked carefully after the interests of homeopathy and the educated physicians of all professions. Thus Indiana joins hands with Illinois, Michigan, Missouri, Nebraska, Iowa, Kansas, Kentucky, Ohio, Iowa, Wisconsin and other great states in the Middle-Western galaxy as in favor of higher medical education and regularly conducted colleges, and as opposed to examining board legislation.

The Wisconsin medical bill, as finally passed, leaves out the examination of graduates of recognized medical colleges, so says Dr. Harvey Dale, in a letter dated April 19th, 1897. He says, however, that the governor is likely to veto the bill, in which event it cannot prevail over his objections. Those who have proclaimed the new Wisconsin medical bill an examination-board law, and who stood the editor of this journal down at the city society meeting a few weeks ago on this point, will please make a note of this latest information on the subject.

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Our Insane Hospitals.

MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

LETTER FROM DR. TALCOTT, SUPERINTENDENT.

I send you by express to-day copies of the 20th, 21st, 22d, 23d, 24th, 25th, and 26th annual reports. In them you will find a record of our methods.

We lay much stress upon the rest treatment, and believe that the worn-out victims of physical and mental disorders should have protracted rest in bed while they are recuperating from their illness.

We believe very strongly in the efficacy of a proper diet. You will find, I think, if you examine our dietary tables, that they compare favorably with those of any hospital in this or any other country.

We believe in the efficacy of good nursing, and therefore we have established and maintained for nine years a training-school for nurses at this hospital.

We believe in the abolition of all forms of irritating or distressing restraint; hence we use for the control of violent and restless cases only the protection sheet and its appurtenances.

We believe in pleasant and home-like surroundings. You will see from the engravings in our annual reports that our wards and day-rooms and dining-rooms are comfortably and cheerfully furnished.

We believe in the efficacy of the homeopathic method of treatment, and are so positive in this belief that we do not use any other form of medication, and have not during the past twenty years.

I enclose herewith a table of comparative statistics, and from it you may be able to draw the conclusion that homeopathic treatment of the insane is a pre-eminently successful method. You are at liberty to make such excerpts as you choose from the reports for the proposed special number of The Medical Century. I would be pleased to have you make a note of the salient features of our methods here; and it would gratify me if you would make quotations from the various essays of my assistants, and likewise from the body of my own reports.

It is proper to remark that Dr. Stiles preceded me as superintendent of this hospital for two or three years, and Dr. Foote preceded him as superintendent during the constructive period. Dr. Wm. M. Butler, of Brooklyn, N. Y.; Dr. A. P. Williamson, of Minneapolis, Minn.; and Dr. N. Emmons Paine, of West Newton, Mass., were all assistants of mine at one time. The present personnel of the medical staff is revealed in the list of officers at the beginning of the last report. Very sincerely yours,

Selden H. Talcott.

Middletown, New York.

COMPARATIVE STATISTICS

Of the State Hospitals of the State of New York, covering a period from the opening of each institution to September 30, 1895.

State Hospital.	Whole No. treated from opening to Sept. 30, 1895.	Number recovered, same period.	Percentage of recoveries to whole No. treated.	Number of deaths, same period.	Percentage of deaths to whole No. treated.
Utica	20,161	6,697	33.90	2,829	14.00
Hudson River	7,048	1,474	21.	1,316	18.
Buffalo	4,955	1,313	26.	708	14.
St. Lawrence	2,271	315	14.	367	16.
Rochester	1,013	124	12.	165	16.
Willard	7,167	441	6.	2,675	37.
Binghamton	3,234	319	9.	941	29.
Total Old School	45,849	10,683	**23.**	9,003	**19**
Total Old School, except Willard and Binghamton	35,448	9,923	28.		
Middletown State Homœopathic	4,524	1,645	**36.**	651	**14.**

THE MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.

BY J. RICHEY HORNER, A. M., M. D.

Historical Note.—Just twenty-seven years ago—to be exact, on April 28, 1870—a bill was passed by the New York Legislature establishing a "State Lunatic Asylum for the Cure and Treatment of the Insane upon the principles of medicine known as the Homeopathic." Friends of homeopathy went to work and in a short time had raised enough money to buy a plot of ground, two hundred acres in extent, more than a mile in circumference, situated at Middletown, about sixty-six miles northwest of New York City, on the Erie Railroad. The surrounding country is fair as any the sun shines upon, the land is practically level, with just enough roll to it to give good drainage, the soil is fertile. Here was built on a knoll overlooking the city of Middletown the first building of the series which were destined to form, within the next quarter of a century, the institution whose fame has spread beyond the seas, whose patients are treated under the law of Hahnemann, an

institution which to-day stands as a monument to the ability of the man who for more than twenty years has been its medical superintendent, Selden Haines Talcott, A. M., M. D., Ph. D.

April 20, 1874, was the date of the dedication of the main building and at that time George F. Foote, M. D., was medical superintendent, he being succeeded soon afterwards by Dr. Henry R. Stiles, and he in turn on the 24th of April, 1877, by Dr. Talcott. From the very moment of his appointment Dr. Talcott has given his entire time and ability to the organizing and carrying on of the great work.

On November 30, 1876, there were eight-five patients in the hospital. As I write, the day's census is announced as being just twelve hundred. But that ought to come in farther on.

MIDDLETOWN INSANE HOSPITAL.

As is the case with all hospitals, it was very soon found necessary to make additions to its capacity. In June, 1876, a new pavilion was completed. In the fall of 1879 ground was broken for another one; and so it went on until to-day there are eight buildings, crowded to the full with patients—in fact, very much overcrowded—and arrangements are being made for the erection of another.

I would like very much to follow in detail the growth of the hospital; to show how rapidly the buildings filled up; to discuss hospital construction, to explain the plans of the different buildings and to show in how much the last addition, beautiful Talcott Hall, is so much superior to the first building; to explain the system of service; to tell about the perfect arrangements for handling a fire; to enlarge upon the methods of heating and lighting, the systems of water works and the plans of the sanitary arrangements; to describe the laundry, where twelve hundred thousand pieces were laundered last year; to tell you what a beautiful chapel and amusement hall has been provided; to speak of "The Conglomerate," the weekly newspaper, edited, published and printed entirely by patients. All these things I would like to do, but time and space are limited, and there are two or three points upon which I do want to enlarge—points relating more particularly to the welfare of those who are here as patients.

The Hospital Staff.—In passing, however, I must refer to Dr. Talcott's staff. Surely no man has been more favored than he in the matter of assistants. First among them was Wm. M. Butler, M. D., who served faithfully until May, 1883, since which time he has built up a wonderfully extensive and lucrative practice in Brooklyn. Then came Alonzo P. Williamson, M. D., who is so extensively known over these United States. Dr. Williamson was originally a Philadelphia man, a graduate of old Hahnemann. He served for a short time at Middletown, then went to the Wards Island Homeopathic Hospital for a short time, but returned to Middletown, and until 1890 served as Dr. Talcott's first assistant, a man of splendid ability, well-beloved by his chief and by all with whom he came in contact. Then came N. Emmons Paine, M. D., no less a man of superior attainments, learned, cultured and refined to a degree. Both have gone to other fields of labor, where their success has been marked. Dr. Williamson first to the Fergus Falls State Hospital, in Minnesota, as medical superintendent, and then to Minneapolis, where he has built up for himself an enviable practice. Dr. Paine took charge of the Westboro, Mass., Hospital, and from that went to Newton, where he has established one of the most elegant private hospitals in the United States.

In 1890 Dr. George Allen was appointed First Assistant. Of him Dr. Talcott, in his report for that year, says: "Dr. Allen brought to the position assigned him studious habits, scholarly attainments, a spirit of patient perseverance and an experience with every form of disease that is likely to be met with in private practice of a dozen of years." Dr. Allen practiced in Waterville, N. Y., before he came to the hospital. He has remained at the hospital

ever since, but is about to leave to take charge of the Collins State Hospital.

In 1880 Charles Spencer Kinney, M. D., was appointed on the staff, after having served the hospital for several years in other capacities. Dr. Kinney has ever since remained with the hospital and has faithfully performed the duties devolving upon him, proving himself to be at all times and under all circumstances the right man in the right place. Following him in order of seniority is Dr. Daniel H. Arthur, who has been on the staff for more than ten years, and who has devoted his splendid attainments and fine executive ability to the furthering of the work of the institution. Dr. Maurice C. Ashley was appointed in 1892, and has since been a faithful and conscientious member of the staff.

Dr. Clara Barrus was in 1893 appointed as "Woman Physician" on the staff. This position was especially created by an act of legislature and has been filled to a splendid degree of perfection by Dr. Barrus, whose great ability has been fully demonstrated by the valuable papers which she has contributed to current medical literature, and which same have received very favorable notice in a number of foreign journals.

The younger members of the staff are Dr. Arthur P. Powelson, whose faithful service as interne has won him the deserved promotion to the position of junior physician, and Dr. David E. Francisco, who is still faithfully serving as medical interne.

Too much cannot be said of Dr. Talcott's staff of assistants. They have served him well and their efforts in carrying out his plans and their strong interest in the hospital leading to suggestions for the betterment of the service, have made it possible to bring the institution to that stage where it can truly be characterized as the "Best Homeopathic Hospital for the Insane in the world."

The Insane as Sick People.—First and foremost of the ideas taught and put into practice is that the insane person is a patient, is sick and needs medical treatment. This thought has been very clearly and forcibly developed in a splendid address delivered by Dr. Talcott at a meeting of state superintendents, held Sept. 17, 1890, and entitled "The Hospital Idea." But long before this, in fact, almost ever since he took charge of the hospital Dr. Talcott had been carrying out that treatment. His aim has always been to treat the insane as sick people, losing sight as far as possible of the idea of custody and restraint and all the old ideas which had dominated in their care. They are mental invalids—not wild beasts. Long before this it was his idea that the name asylum should be replaced with that of hospital. Thus would be avoided all the disagreeable associations connected with any institution called an asylum and in their stead would be all that is implied in the use of the word hospital—fine buildings, perfectly adapted to their office of healing, easy, comfortable, attractive furniture, home-like surroundings, scientific sanitation, skilled nursing, restorative food, improved medication, the use of every means that tend to the prolongation of life and the restoration of health.

So, pre-eminent among the ideas and thoughts concerned in the development and upbuilding of this Middletown Hospital has been all that is implied in the word "Hospital" as opposed to the thoughts prevalent among the people in their definition of the word "Asylum."

An Exclusively Homeopathic Hospital.—So much for for the word hospital. As for the adjective, "Homeopathic," I wish to impress on the readers of the Medical Century the fact that homeopathy is the only system of medicine in use in the Middletown Hospital. Put that down as being an absolute fact. The patients admitted here receive no other medical treatment, and every patient is treated in accordance with the law of the similars. I say "every patient" advisedly, for that is true.

The use of narcototics, either hypodermically or otherwise, is practically unknown, and I venture to make the assertion that there is no similar institution in the world where the patients are more quiet, more tractable than in this one.

How is it done? Well, first, by the administration of the properly indicated homeopathic remedy, and, second, by the free use of hot milk. There is a wonderful sedative influence to be had from hot milk, and advantage is taken of that fact. The use of hot milk freely is one of the points in connection with the Middletown Hospital.

Another is the idea of treating all patients as mental invalids, and not as cast-outs and unfortunates who must be kept at work whether able or not in order to get out of them all the profit possible and so reduce expenses.

A third idea which owes its origin to this institution is that of using the protection sheet as a means of restraint. This protection sheet, devised some years ago by Miss Crane, a supervisor, and perfected by Dr. Talcott, consists of a cover, or dolman, made of strong muslin. It is very effective, absolutely without any possibility of causing the patient injury and is the only means of restraint in use here. No other is used, either chemical or wood or iron.

Now for Statistics.—From the time of the opening of the hospital up to the date of the last report, September 30, 1896, there were admitted 4,776 patients. Of these 37 per cent. were discharged recovered. It is interesting to note that of those whose insanity has existed five years or more, 10 per cent. recovered; of those insane between two and five years, 9 per cent.; of those insane between one and two years, 30 per cent.; while of those insane less than six months, 50 per cent recovered.

As regards comparative statistics the latest table I have been able to obtain carries the information up to September 30, 1895. It is given on page 161.

In conclusion, I would offer an apology to the readers of the Medical Century for this hastily written and hence incomplete, though as far as it goes perfect, report of this great institution. I would also offer an apology to Dr. Talcott and his staff for having attempted in the few hours which were given me to do justice to them and to their work. I humbly acknowledge many sins of omission, but they must not charge it to me. The Century is responsible, the time alloted for the work was scant, and the space was more so.

THE COLLINS FARM HOSPITAL.

LETTER FROM DR. LEWIS, BUFFALO.

I have your favor of the 10th instant and will take pleasure in giving you any facts that I possess concerning homeopathy's greatest acquisition in New York State. Several years ago, while in conversation with Governor Flower in the executive chamber at Albany, concerning the interests of the State School for the Blind, of which I was trustee, the Governor suddenly interrupted the conversation by saying: "If you people want a homeopathic State

hospital in the Western end of the State why don't you ask for the Collins farm property?"

"Would you support such a measure?" I said, looking up in surprise.

With a merry twinkle in his eye, he said: "Suppose you try and see."

"I have already spoken to Dr. Paine about it," he added.

With such executive assurances the Legislative Committee of our State Society entered into a struggle with the Legislature with unexampled enthusiasm. We were met by the controlling members of both Senate and Assembly with an amount of opposition almost inconceivable. The chairman of the Finance Committee of the Senate, whose authority was very great, would not permit the bill to be favorably reported from his committee.

Contrary to precedent, however, a Senator not a member of the Finance Committee introduced the measure for a third reading, and then the magnificent generalship and the wonderful ability and energy of the chairman of the Legislative Committee, Dr. J. M. Lee, of Rochester, came in evidence.

The whole State had been perfectly organized. A telegram to Dr. Lee from Albany, announcing the deadlock at twelve o'clock was followed by messages wired from Rochester over the entire State to his lieutenants, and within two hours a flood of messages began to pour into the Senate from doctors, judges, Congressmen and men in authority, each to the representative of his own district.

Dr. Lee hurried on from Rochester himself, bringing the energy and magnetism of his personal presence; and before the State had awakened to the fact that the bill was being seriously considered one of the most beautiful and advantageously situated pieces of farm land in Erie County had become the property of homeopathy, by gift of the State, forever.

The first year following the gift of the land an appropriation of twenty-five thousand dollars was obtained to prepare the land for the buildings which were to come, and to provide farm implements and other necessities.

And a hundred thousand dollars, the appropriation secured last year, has found expression in a beautifully designed and admirably planned main building.

The present year we hope to have three times that appropriation for the erection of power house and other important portions of the plant.

The entire profession of the country is under the deepest obligations to the gentlemen who, as trustees, with such intelligence and self-sacrifice, brought this great homeopathic monument to its present state of completion.

The President is Dr. William Tod Helmuth and the Secretary Mr. F. J. Blackman, of Gowanda. The other members are: Dr. Asa S. Couch, of Fredonia; Dr. Sidney F. Wilcox, of New York; Dr. G. W. Seymour, of Westfield; Dr. F. D. Owens, of Jamestown; and Dr. E. H. Wolcott, of Rochester.

These trustees have chosen Dr. George Allen, who has been long associated with Dr. Talcott at Middletown, as superintendent, and they hope to have the hospital ready for the reception of patients by midsummer. Very sincerely yours,

Buffalo. F. Park Lewis.

THE FERGUS FALLS STATE HOSPITAL.

BY G. .O WELCH, M. D., MEDICAL SUPERINTENDENT.

Securement. I came to this institution in November, 1892, so that my knowledge of its history previous to that time is decidedly vague. I know in a general way that when the Legislature decided a third hospital was needed in the State the homeopaths of Minnesota united, a bill was introduced and persistently worked for by influential members of the State Society, putting the third hospital under homeopathic control. This bill was passed, I believe, during the legislative season of 1887. In regard to this matter Dr. Henry Hutchinson, of St. Paul, can give full information.

Location and Appropriations. In 1885 the Legislature established a commission to locate a third hosital in the northern section of the State. The commission received several propositions from important towns in the section designated and finally accepted the proposal from Fergus Falls. The State secured the title to 636 acres of land, and in 1887 the Legislature formally located the hospital and established the same at Fergus Falls and appropriated $94,280 therefor, of which amount $24,000 was designated as payment for the land, $50,000 for building and furnishing one detached ward, and $20,000 for boiler house and engine, laundry, shops and stables, sewer and water connections. The appropriation for buildings contemplated the erection of so much as would be necessary to accommodate three hundred persons. Since that time about $600,000 has been appropriated for buildings.

Capacity. The institution as originally planned is to consist of six wings, of four stories each, for patients, and an administration building. Five of the wings and the administration building are now occupied. The capacity of the hospital when completed will be 1,200 patients. The ward buildings are of fire-proof construction, heated by steam, lighted by electricity, and have all modern sanitary appliances, the old-fashioned bath-tubs being replaced as fast as possible by rain baths.

Treatments in Vogue. The State is divided into three hospital districts and this institution is obliged to receive all patients committed from its district. The patients are supported by legislative appropriations, the hospital not being allowed to receive private patients.

In regard to the care of patients, we treat them homeopathically. As an adjunct to medical treatment we use electricity, massage, baths, and especially what is known as the "rest treatment." All patients entering the hospital are put to bed and kept there from one day to three months, according to the mental and physical condition of each case. Occasionally manual or mechanical restraint is used, but only to a limited extent. Chemical restraint is never used, and no hypnotic is ever given a patient, we being able to obtain the desired results by means of homeopathic remedies, baths, massage and the hot milk diet.

We have no good photographs of the hospital, otherwise would send you one.

THE WESTBOROUGH INSANE HOSPITAL.

The Westborough Insane Hospital was established by act of the State Legislature June 3, 1884, part of which reads as follows: "There shall be established at Westborough, in the buildings now occupied by the state reform school, a state hospital for the care and treatment of the insane upon the principles of medicine known as the homeopathic, and it shall be known by the name of the Westborough Insane Hospital."

In addition to the land and buildings occupied for

nearly forty years by the reform school the legislature gave three hundred thousand dollars to be used by a board of trustees in adapting the buildings to the use of a hospital.

The view from the hospital is a very pleasing one, but the buildings could not be made entirely suitable for the intended use. Yet in spite of this disadvantage the hospital stands in the front rank among Massachusetts' state hospitals, in the work of curing insanity.

The statistical tables used by the Massachusetts state hospitals are uniform and available to ascertain the percentage of recoveries of each, and the results of treatment are well shown by comparing these statistics. The following table gives the number of acute curable cases, that is, melancholia, mania, and confusional insanity, admitted to the different state hospitals in the past ten years, the number of recoveries in each, and the percentage of recoveries. Toxic cases (from alcohol, opium and other drugs) are excluded:

Acute curable cases admitted to Massachusetts state insane hospitals in ten years, and percentage of cases discharged recovered:

Hospitals.	Acute cases admitted.	Discharged recovered.	Per centage.
Worcester	1,601	419	.26
Northampton	602	191	.32
Taunton	1,012	369	.36
Danvers	873	334	.38
Westborough	1,103	574	.52

To meet the objection that may be made, that different superintendents diagnose cases differently, which to a limited extent must be true, a second table is given which shows the proportion of curable cases admitted to each hospital in the ten years, as before, excluding the toxic insanities. This table proves the correctness of the first, and leaves little more to be said.

Proportion of acute cases to admissions:

Hospitals.	Admissions.	Acute cases.	Per-centage.
Worcester	4,913	1,601	.32
Northampton	1,708	602	.31
Taunton	3,257	1,012	.31
Danvers	3,848	873	.22
Westborough	3,408	1,003	.32

While the chief duty of every insane hospital should be to promote recovery by all proper means, and this duty has been made most prominent at the Westborough Insane Hospital, other things have not been neglected. The hospital now has a competent pathologist who has worked with Horseley in England for two years upon the nervous tissues. The pathologist has also an assistant who gives special attention to microscopical examination of the blood, chemical and microscopical examinations of the urine, and also examination of the sputa in the cases in which disease of the lungs is suspected.

Each winter in the past ten years the senior class of students of the Boston University School of Medicine have come to the hospital for a course of clinical instruction in mental diseases, given by the superintendent, and many recent graduates have also availed themselves of the opportunity to come to the hospital for a month or more of personal work and study among the insane.

The first superintendent of the hospital was N. Emmons Paine, M. D., who resigned in 1892, and was succeeded by George S. Adams, M. D. The present medical staff is as follows:

George S. Adams, M. D., superintendent; G. Francis Adams, M. D., assistant physician; De Ette Brownell, M. D., assistant physician; H. I. Klopp, M. D., assistant physician; Mary F. Cushman, M. D., assistant physician; E. L. Mellus, M. D., pathologist; F. C. Robbins, M. D., assistant pathologist.

SOUTHERN CALIFORNIA STATE HOSPITAL.

HIGHLAND, SAN BERNARDINO COUNTY, CAL.

The establishment of the Southern California State Asylum for the Insane and Inebriates marked an era in the history of the homeopathic school of medicine in the State of California. It was a gracious recognition by the State of a well-grounded school of medicine when the institution was put under homeopathic control, and a good purpose will be conserved by allowing it to remain so.

In March, 1890, the legislature of California made an appropriation of $350,000, $135,000 of which was used for the purpose of purchasing 360 acres of land. A beautiful site for the buildings was selected in the foot-hills of San Bernardino County. Buildings were erected and in 1893 the institution was formally opened. The first Board of Trustees were appointed by Gov. H. H. Markham in 1892, and were as follows:

F. A. Miller, of Riverside; Geo. Cooley, of Colton; I. K. Fisher, of Santa Barbara; M. A. Murphy, of Colton; H. L. Drew, of San Bernardino. In 1894 Jas. A. Gibson of San Diego was appointed, vice M. A. Murphy, resigned. Dr. M. B. Campbell was chosen medical director, and Dr. A. Stanley Dolan assistant physician. This constituted the medical staff until February 20, 1897, when Dr. Geo. H. Richardson, of Los Angeles, was chosen as second assistant.

The first installment of patients was received August 1, 1893, and consisted of one hundred subjects chosen from the other asylums of the state.

The usefulness of this institution became apparent from its incipiency, and there are now under care and treatment over 500 patients, and California does not contain within her borders to-day an institution which is better managed, or one the conduct of which has been attended with less scandal and friction. The authorities evidently believe that "Cleanliness is next to godliness," for go there when you will and visit any part of the building you please everything is found as clean as soap and water can make it. There is an utter absence, also, of those disagreeable odors which characterize most places where large numbers of people are confined. The effort of the management at this hospital has been to run it on strictly business principles, and as economically as possible consistent with the best care and treatment of patients. The cheapest is not always the most economical, and while expenses have been kept as low as possible good food, clothing, and many little comforts have been supplied to the inmates.

The warm, genial climate of this portion of California permits of much open-air exercise, and the patients are kept out of doors in the bright sunshine as much as possible, those capable of working being given constant employment suitable to their capacity and strength. The result has been a very high average of recoveries to discharges; the figures being in percentages for 1893-4, 23.79; for 1894-5, 45.68; 1895-6, 62.45.

Attendants are held to strict accountability for each of their patients, and although the number of patients to an attendant is nearly three times as great as in most eastern institutions no neglect of patients or indifference to their needs is permitted.

The last legislature passed appropriation bills for

the purpose of increasing the laundry and building a cow-barn for the institution, both of which were signed by the governor.

Under the new lunacy bill passed March 17, 1897, the name of this asylum was changed to the "Southern California State Hospital," and is now placed under homeopathic control by special provision of that bill. Herewith is appended a list of the officers of the hospital:

Medical superintendent, M. B. Campbell, M. D.; first assistant physician, A. Stanley Dolan, M. D.; second assistant physician, Geo. H. Richardson, M. D.; steward, W. A. Selkirk; secretary to superintendent, A. C. Clarke; supervisor, F. I. Kimball; matron, Sarah A. Howard.

The present Board of Trustees is constituted as follows: President, Jno. McGonigle, of Ventura; H. L. Drew, of San Bernardino; Jas. Kays, of Los Angeles; Jas. A. Gibson, of San Diego; H. W. Patton, of Los Angeles; secretary and treasurer, Mark R. Plaisted, of Riverside.

The exceedingly successful administration of the affairs of the Southern California Hospital is largely due to the executive and all-round medical ability of the superintendent, Dr. Campbell, and his able first assistant, Dr. Dolan. Dr. Campbell was for eleven years physician to the Illinois Penitentiary at Joliet, which has its insane patients in the hospital, during which time he so conducted that charge as to be able to show a larger percentum of recoveries from illness, a smaller death record and a less number of days away from work of the hospital patients than could be shown in any other penitentiary in the United States. These statistics were of great interest and value at the time they were compiled by Dr. Campbell, and served us to good advantage in many of our contests for recognition in those days. Dr. Campbell simply transferred his splendid medical attainments and executive ability to the California Hospital, with the result that it is one of the best managed in the United States.

Dr. A. Stanley Dolan, first assistant physician, acquired his earliest experience in the treatment of the insane at the Asylum for Insane Criminals at Ionia, Michigan. After a residence there of several years he accepted the assistant physicianship of the Third Minnesota Asylum at Fergus Falls, where he remained about an equal period of time. He was still in that position when called to the assistant physicianship at Highlands in 1893. Largely due to his systematic habit and thought there has been compiled at Highlands perhaps the most complete system of records of cases to be found in the insane hospitals of the West. Just as the executive ability

DR. A. STANLEY DOLAN.

of the superintendent has been brought into requisition in the general management of this splendid institution so has the experience with the insane which Dr. Dolan has enjoyed in other asylums operated to the advantage of the patients in this California hospital, and so has it gone far toward the making of the splendid records the asylum has given to homeopathy.

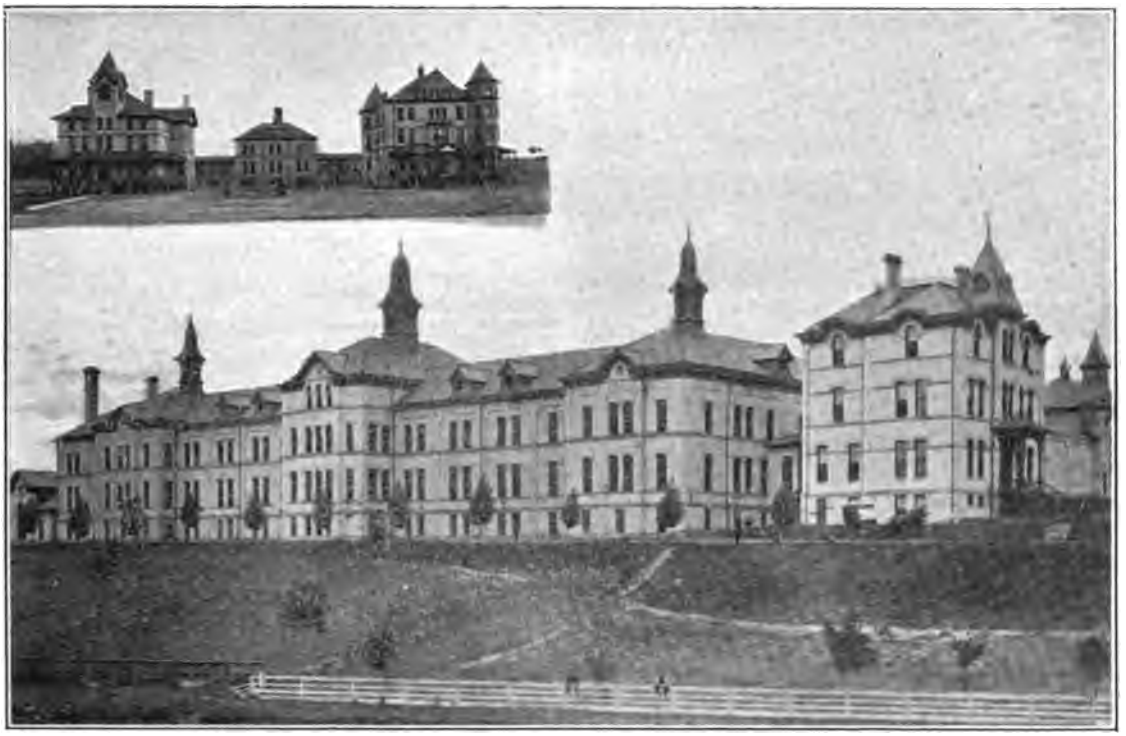
SOUTHERN CALIFORNIA INSANE HOSPITAL.

The Highlands Hospital is located at the foothills within a few miles of the beautiful Redlands country, near San Bernardino, on the lines of the Southern Pacific and Sante Fe railways. It overlooks the garden spot of California. Physicians from the East can easily visit it by getting off of through trains at San Bernardino and making the loop trip through Redlands and its splendid orange groves. And the time is well spent in the visit; the latchstring is always on the outside; the hospital staff are glad to let their medical colleagues from the East see and know what is being done at their splendid hospital for the insane wards of California. No one who goes that way who is at all interested in the institutions assigned us by the state, or who is at all interested in the homeopathic treatment and care of the insane, should pass by the Highlands Hospital.

One pleasant feature of the internal management of this asylum is the happy thought of dressing all the attendants as nurses. The asylum feature is

avoided in every possible way—the hospital appearance is brought prominently into notice. The unfortunate inmates are made to feel that they are there for treatment, not for a prison life. They are given to understand that they are sick people, there for the attention of physicians and nurses. The consequence is they are more submissive, less obstreperous, less disposed to want to get away and go home—the common plea of inmates in most asylums—and the corps of physicians and attendants more easily and completely secure their obedience and co-operation, in so far as they are able to co-operate, toward their own recovery.

Year by year the records of the Highlands Hospital show increased percentages of cures, smaller percentages of deaths, and briefer periods of confinements. As the years go on and all the advantages belonging to an established hospital are available there are certain to be still further improvements in these records, to the credit and satisfaction of the profession into whose care the hospital has now been assigned by legislative code.



MICHICAN ASYLUM FOR THE CRIMINAL INSANE.

MICHIGAN ASYLUM FOR THE CRIMINAL INSANE.

The Michigan legislature of 1883 enacted a law providing for the establishment of an asylum for dangerous and criminal insane. The law provided when the institution was ready for the reception of patients that all convict and ex-convict insane in the various asylums and prisons of the state should be transferred to the Michigan asylum for dangerous and criminal insane, and that all convicts in the various prisons of the state who are adjudged insane after this asylum is open for the reception of patients shall be transferred for treatment. Provisions were also made for the transfer from any of the asylums of the state of any patient supported at public expense who had committed a homicidal act prior to commitment or during residence in the asylum; also any patient exhibiting homicidal tendencies rendering his or her presence dangerous to others. Provisions were made also for commitment from criminal courts of certain cases.

In April, 1885, the buildings were almost completed and the board of trustees decided to select a medical superintendent. Dr. O. R. Long, of Ionia, was tendered the appointment and accepted. He assumed the duties June 1, 1885, and immediately began furnishing the institution and organizing a corps of officers and employes for the various departments.

On September 7, 1885, the first patients were received, and since then five hundred and ten have been treated in the institution. The present population is two hundred and twenty. This number has been the limit of the capacity of the institution, but an additional building for the accommodation of one hundred patients has just been completed and will be ready for occupancy very soon.

The institution has connected with it one hundred and twenty acres of land utilized for exercising parks for patients and for farming purposes. The present value of the buildings and land is $200,000.

On two occasions since Dr. Long's incumbency the law governing the institution was changed, providing for an entire change of the Board of Trustees and appointment of medical superintendent. Each time the newly appointed board tendered Dr. Long the appointment without solicitation. Dr. A. Stanley Dolan, graduate of the Homeopathic Department of the University of Michigan, was appointed assistant physician on August 15, 1885, and resigned August 15, 1890. He was succeeded by Dr. Paul A. Perrenoud, graduate of the homeopathic department of the University of Michigan, who fulfilled the duties until September 1, 1894, when he was succeeded by Dr. C. P. Lathrop, a graduate of Chicago Homeopathic College, who retains the position at this date.

Except that the buildings have a few additional features to make them secure the institution in its general appearance and equipment does not differ from any first-class asylum. That it is entitled to this classification the messages of all the governors of

Michigan, since the opening of the institution; of all legislative committees appointed to inspect it, and expressed opinions of prominent alienists, unanimously attest.

A few years ago there were compiled from official reports the recovery records and the death records of forty insane asylums throughout the United States, without reference to school of practice. These records showed that forty asylums, listing thirty-five thousand nine hundred and fifty-one (35,951) patients under treatment, with a daily average of population of twenty-five thousand four hundred and eighty-five (25,485), recorded an average percentum of recovery of seven and seven-tenths, and an average death record of six and one-tenths per cent. Whereas, the Michigan Asylum for the Criminal Insane showed a recovery record of eight and nine-tenths and a death record of but four and four-tenths. The recovery record among this worst class of patients was as 8.9 per cent. against 7.7 per cent; while the death record was as 4.4 per cent. against 6.2 per cent. These figures speak the story of the greater success of homeopathy with even the most violent classes of insane patients, and thus is afforded another answer to the oft-repeated declaration of its enemies "that while homeopathy may be good enough for women and children, when men are sick they need something stronger."

Dr. Long's record as superintendent of this Michigan asylum has been so satisfactory that, as stated, through all the vicissitudes of politics in that state he has been continuously in office since the asylum was founded, under different administrations and boards of managers, and there seems to be not the least likelihood that so long as he is willing to continue in official relation to the asylum will there be a change in treatment and management. The proof of the pudding lies in the eating of it.

ILLINOIS WESTERN HOSPITAL FOR THE INSANE.

The Illinois Western Hospital for the Insane is located at Watertown, a few miles from Moline and

GOV. JOHN R. TANNER,
Governor of Illinois.

Rock Island. The site where the buildings are placed is a perfect one, being high bluffs covered with trees; the Mississippi river runs along at the foot of the bluffs; just to the west the cities of Rock Island, Moline and Davenport seem but a stone's throw away, and vast prairies extend to the south as far as the eye can reach.

The institution owns four hundred acres of land, one hundred being broken, the remainder being unexcelled for farming purposes. The large grove is being laid out in drives and shady retreats and beautiful parks. The drainage and sanitary conditions are perfect and an abundant supply of pure water is furnished from an artesian well, sunk under the main building. Nature has made this an ideal location, and the state is leaving nothing undone to afford comfort, perfect treatment and care for the twelve hundred unfortunates who will occupy the buildings when completed.

Gov. Tanner takes great pride in this institution and has selected as superintendent Dr. W. E. Taylor, of Monmouth. The governor proposes that homeopathy will have no reason to complain, so far as he is able to give his reasonable assistance. In securing Dr. Taylor he has selected a man who is a personal friend, fully in sympathy with him and his administration, a thorough homeopath and skillful physician and surgeon, and recognized as one of the best lecturers in the profession. The governor has endeared himself to every homeopathic physician and their many patrons in the country by his most gracious recognition, and they will make an earnest effort to make this institution an honor to the state and themselves.

GLENMARY.

DR. GREENLEAF'S PRIVATE ASYLUM.

About half a mile from the beautiful old town of Owego in the State of New York, in a most delightful portion of the romantic valley of the Susquehanna, stands Glenmary, a private home and sanitarium devoted to the treatment and care of the neurotic and insane; also the habitues of alcohol, opium and other drugs. The attractiveness of this beautiful asylum and its surroundings might almost tempt one to become a patient for the sake of being an inmate of some of its houses.

Years ago the place was the home of the poet, N. P. Willis, who is still held in such kindly regard. In early life, when visiting an acquaintance in the vicinity of this old town, he was attracted by the peculiar beauty of this glen, and later on he brought his young English wife to occupy a small house which he had built on a little farm near the mouth of the ravine. It was an ideal home and a true retreat for one of poetic instincts, and was named after his wife, Glen Mary. The poet and his wife have long slept beneath the sod, but Glenmary and its attractions remain as a home and a refuge for many who are less fortunate than were they.

A short time after the removal of Mr. Willis a couple of gentlemen, of ample means, one of them becoming the general manager of government railroads during the war and the other the Treasurer of New York State, bought the tract surrounding this glen and built fine homes and laid out the park, both of which became the property of Glenmary in 1889.

The institution was opened upon a license granted by the authorities of New York State on the 3d of January, 1889, and it has ever been under the control and inspection of the State Commission in Lunacy. Patients were then received in the old mansion, which had been renovated and refitted for their care, and with a steadily increasing demand for additional accomodations an annex was erected, and later on four detached cottages, amusement buildings, barns, conservatories, ice-houses, and other structures were added, as they seemed to be needed.

It now comprises over fifty acres of land, ten of which is in the old park, where the original forest trees, the oak, the maple, the spruce, the balsam and other varieties of sylva blend with extensive lawns, walks and drives, to make a most charming and fitting place for such an institution. The main plateau is about one hundred feet above the valley, and commands a delightful panoramic view of the Susquehanna, the sleepy old town, and the surrounding hills.

On this salubrious altitude there is always a pure, bracing atmosphere, and the abundance of the purest spring water which supplies the place, together with its excellent sewerage, combine to make the sanitary surroundings perfection for the attainment of health.

GENERAL PERSPECTIVE.

The four new buildings which have been constructed to meet the needs of patients and contribute to their comfort, happiness and recovery are built upon the best hygienic principles of heating, lighting, ventilation, etc.

The grounds are so ample and commodious, and the cottages are so widely separated that it is a very simple matter to obtain the necessary classification and segregation which conduces so promptly to recovery in many cases.

The management of the institution is ready at any time to put up on some of the unoccupied sites small cottages for the care and comfort of those who desire a permanent home for the unfortunate, a home where they can have the constant surveillance of scientific physicians and skilled and competent nurses. The buildings are so arranged that any degree of luxury can be obtained for patients, and especially fitted to meet the wants of those cases whose requirements are such as cannot be found in large

hospitals; namely, an isolation from those who might be detrimental, and the attainment of individual care and homelike surroundings.

The scope of Glenmary is to supply to patients the comforts and pleasures of their own homes, together with the best medical, surgical, hygienic and moral assistance that the latest advance in experience and science can suggest. Owing to the small number of patients who are accommodated, the physicians in charge are able to devote a great deal of time to each individual case, and while in the main the experience of the alienist generally is of great assistance, they find that each case is peculiar to itself, and that prolonged and persistent study is required to find, first, the cause of the mental disturbance, and, second, the remedial treatment which is the surest to produce recovery.

Therapeutically, the treatment is homeopathic, but the skill of the surgeon, the experience of the gynecologist, the wisdom of the alienist and hygiene and sanitary science are all laid under tribute to afford such assistance as may be demanded by each individual case.

Fortunately, the management of this oldest institution of its kind in the United States is able to report that an unvarying result of fifty per cent. of cures has crowned their efforts for the past eight years, this per cent. being figured upon the daily average of patients in custody. Taking everything into consideration, the location of this venerable institution could not be bettered and the results above noted speak for the skill which has been employed in the care of patients which have been consigned to its charge.

The fine roads of the surrounding country make driving and cycling a large part of the occupation and entertainment of the patients. The amusement hall, with its ample provision for entertainment at billiards, ten pins, in-door cycling, music and amateur theatricals, vies with the attractions of the magnificent lawns, the croquet grounds, the tennis courts and cozy nooks under the trees for quieter pursuits. It has been proved long ago that diversion is one necessity, absolute and unvarying, for the cure of both the nervous and the insane, and in planning and building this retreat this has been constantly in the mind of its management.

While Glenmary is able to offer any degree of luxury that the friends of the patients wish to attain, even to a separate cottage, with all the modern amenities of sanitation and attention, the prices that prevail are those that place its advantages within the reach of every one who is so unfortunate as to need its care. It is with no little satisfaction that the management of this retreat is able to report that the friendships between the patients and the physicians and the nurses are so strong that very many of those who have been sent home recovered are constantly returning to make short visits to the place for the purpose of renewing the pleasant and comforting associations that have conduced to their restoration.

For reasons of delicacy, many of those who have been restored at this retreat, and many of those whose friends are incurable and who are still in the custody of the management, can only be referred to by special permission; but there are now grateful hearts in nearly all the cities of the Union, who will bear their testimony to the superior advantages of Glenmary upon application.

While experience is necessary in every branch of medical science, yet the fifteen years devoted to this kind of work that marks the history of the physician in charge, and the years of familiarity with this particular department of special pursuit which have been enjoyed by his assistants, would go for nothing had they not those qualities of mind and heart and those adaptations for the suasion of the human heart and control of the human mind in its diseased state that have gone so far to swell the record of cures at this successful institution.

The officers at Glenmary are: Edward E. Snyder,

M. D., Consulting Physician; John T. Greenleaf, M. D., Physician in Charge; Louis D. Hyde, M. D., First Assistant; Alice French Mills, M. D., Gynecologist; Rev. James H. Kidder, Chaplain; Mrs. M. D. Strong, Matron.

STAMFORD HALL.

DR. GIVENS' PRIVATE ASYLUM.

Stamford Hall, at Stamford, Connecticut, is a cottage home for the care and treatment of nervous and mental diseases, with a separate cottage for alcoholic and narcotic habitues. It is beautifully located on a hill, overlooking the city of Stamford, and commanding an extensive view of the adjoining hills, as well as a picturesque sweep of landscape. In the distance is the sound, and beyond are the blue hills of Long Island.

The grounds consist of sixteen acres of land, laid out in a park, and afford ample opportunities for exercise and other wholesome methods of recreation and diversion. The location near New York City, with forty-five trains each way daily, makes the sanitarium easily reached from the metropolis.

The rest-treatment is utilized with cases of nervous prostration, hysteria and allied nervous disorders, as well as with certain acute mental diseases.

Stamford Hall is not under the management of a stock company or corporation, but has been constructed and arranged by Dr. Amos J. Givens so that each patient can have the privacy and special care desired, combined with the comforts of a pleasant home.

Dr. Givens was formerly Interne at the Middletown, N. Y., State Homeopathic Hospital, and later Assistant Physician at the Westboro Insane Hospital, in Massachusetts.

THE NEWTON NERVINE.

DR. PAINE'S PRIVATE ASYLUM.

The Newton Nervine is a private hospital of the highest class for the treatment of mental and nervous diseases. Its situation combines many advantages. Being nine miles from Boston, on the Boston and Albany Railroad, it is easy of access; and yet its extensive grounds, surrounded as they are by large estates, afford a privacy and retirement most unusual and desirable. The Nervine consists of three buildings, which give opportunity for proper classification of invalids and a variety of treatment. The main building, which is Dr. Paine's own home, receives four patients. The new building, called "The Colonial," built with every convenience and luxury, in that most comfortable style of our fathers, receives women patients, ten in number. The third building of the group is "The Cottage," where most excellent accommodations are provided for four patients. Each house is independent of the other, having its own kitchen and cook, thus insuring a nicety in the preparation of the food and enabling the meals to be served hot. The trays provided for those patients who are in their rooms are most attractively arranged. The furnishings of each house are luxurious, the furniture being, for the greater number of rooms, of mahogany.

The charm of the place consists in its natural beauties. Fine old oaks, rare varieties of pine and spruce, with elm, ash and maple trees, afford shade in summer and delight through all the year in their changing beauty. A lively little brook makes attractive the lower part of the grounds, where, owing to a natural slope, one is entirely secluded from the passers-by. Here patients may walk or rest quite free from observation. The garden supplies vegetables for the table and flowers to charm the eye. The variety of birds and squirrels afford not a little pleasure and diversion, while over all the unobstructed skies give the idea of expanse and space so restful after the cramped surroundings of the city.

Dr. Paine's extensive experience of over twenty years gives him a familiarity with all nervous and mental troubles, and an especial adaptability for their treatment. He was assistant physician for three years and a half, from 1877 until 1880, in the Middletown (N. Y.) Hospital—the parent homeopathic hospital for the insane in America. After some years of private practice and study abroad he was appointed superintendent of the State Homeopathic Hospital at Westborough, Massachusetts, where he remained for nearly seven years. He employes homeopathic therapeutic agents for the relief of his patients, baths of different kinds, massage, and electricity of several forms, according to the conditions and necessities of each case. With a variety of treatment, that most frequently used is the rest-cure. As the greater number of patients suffering from either nervous or mental troubles break down from overexertion and anxiety, the quiet of enforced rest, grateful in itself, is very effective in producing a cure. To be removed from scenes of care and work to beautiful surroundings, under skillful treatment, supplemented by the constant care of an experienced nurse, often relieves the tension at once and quickly initiates the recuperative process. Dr. Paine has many applications from nurses to enter his employ. He is thus enabled to make careful selection. When convalescence is established, walks and drives are enjoyed, with an occasional spin on the bicycle, and quiet entertainment in the evening break the monot-

ony. The perfect roads and boulevards in the vicinity add greatly to the pleasure of walking, driving and bicycling, while one may find in the adjoining woods the quiet of nature undisturbed.

In addition to the Nervine buildings Dr. Paine receives patients in certain outside houses near his own, which constitute a sanitarium. The houses at Newton, under the management of Dr. Wiswall, receive Dr. Paine's patients of both sexes suffering from mental troubles. Dr. Wiswall was an assistant physician at Westborough for four and a half years, and is thoroughly acquainted with his specialty. In the other houses are placed patients with nervous prostration and those requiring gynecological treatment.

It is the purpose to provide accommodations for all classes of patients, luxurious surroundings to those who wish for such, plainer for those of less ample means, but comfort, with intelligent care, for all.

THE SITUATION IN NEBRASKA.

Your letter reached me yesterday. Two years ago Dr. J. H. Mackay was appointed superintendent of the Norfolk, Nebraska, Hospital for the Insane. He was appointed for political reasons, and though he was indorsed by the profession, it was because we realized he was the only one for whom we could get the appointment. After a few months charges were brought against him, and he was, I believe, not unjustly, removed by the Governor. The Governor then appointed an allopathic physician to the position, though he allowed the assistant, Dr. G. E. Barber, a homeopath, to remain. This winter a good deal of pressure has been brought to bear upon the Governor, and the matter is still in abeyance and will be for a time. Should the Governor see fit to give us recognition the candidates are: Drs. A. H. Dorris, of Lincoln; C. G. Sprague, Omaha; F. L. Riser, Lincoln; M. C. Blystone, Broken Bow. Should anything definite take place I will at once advise you. Very sincerely,

Benj. F. Bailey, M. D.

Lincoln.

Neurology.

MEDICINAL TREATMENT OF THE INSANE.

J. RICHEY HORNER, A. M., M. D., JUNIOR PHYSICIAN STATE HOMEOPATHIC HOSPITAL, MIDDLETOWN, N. Y.

To the average practitioner the study of materia medica is a task, and it is the misfortune of the article on materia medica to be, as a rule, passed over, or, if read, to be read only cursorily. It is perhaps fortunate, therefore, that the space allotted me is such that I can permit myself the mention of only a few drugs—and of these drugs only the symptoms which relate to the subject in hand, or symptoms not found in the ordinary text-books on materia medica, but which have been demonstrated to be relieved by the remedy under whose name they are cited. These symptoms have been culled from the different annual reports of the hospital, and I might remark that an article many times as long as I propose making this one would be needed if all of the materia medica notes contained in those reports were to be incorporated.

This is pre-eminently and emphatically an homeopathic institution. Homeopathic medicines are the only ones used here, and they are prescribed from the homeopathic standpoint. Therefore Dr. Talcott has incorporated in each of his annual reports a list of the remedies which have been used and the reasons for their use. As a result of his wonderful experience he has been enabled to gather much valuable original material, so that these notations are not the rehashing of old symptoms which may be found in any text-book, but are the result of most careful observation during his more than twenty years' life in this hospital.

In general, remedies may be classified as to the forms of disease in which they are found the most useful, as follows:

Melancholia.—Ignatia, Nux vomica, Aconite, Sepia, Bryonia, Arnica, Chamomilla, Digitalis, Pulsatilla, Natrum muriaticum, Mercurius protoiode, Opium, Lachesis, Lycopodium, Hydrastis.

Mania.—Aconite, Belladonna, Arsenicum, Rhus tox., Baptisia, Gelsemium, Hyosciamus, Cannabis indica, Veratrum album, Atropia, Nux vomica, Bryonia, Ferrum phosphoricum, Tarentula, Glonoine, Stramonium, Cantharis.

Dementia.—Calcarea carbonica, Calcarea phosphorica, Nux vomica, Belladonna, Sulphur, Staphisagria.

Paresis.—Actaea racemosa, Arsenicum, Belladonna, Cuprum metallicum, Hyoscyamus, Ignatia, Nux vomica, Phosphorus, Calcarea phosphorica, Conium, Stramonium, Sulphur, Argentum nitricum, Agaricus, Lachesis, Mercurius corr., Silicea.

Epilepsy.—Oenanthe crocata, Silicea, Belladonna, Cimicifuga, Cuprum aceticum, Cuprum met., Hypericum, Arnica.

Aconite.—Threatened apoplexy, mania, melancholia, particularly in acute cases with marked sthenic symptoms. A few doses given at short intervals during the early part of the night will often procure for the patient a natural and restful sleep. Convulsions of paresis. The status epilepticus. The use of a few doses of aconite will certainly frequently hasten the action of the remedy which follows it.

Arnica.—After apoplectiform seizures arnica clears up the mental and paralytic symptoms remaining. Weak memory, confused mind, absent-minded. Of course in all cases the result of traumatism.

Arsenicum.—Affections in the insane characterized by periodicity, with the well-known arsenic restlessness, etc. Delirium, depression, suicidal, tendency to mutilate the person. Resistant and restless melancholia. Active and ever-stirring mania. Rapidly failing paresis. Poor assimilation.

Belladonna.—Hyper-acuteness of all the senses. Delirium, hallucinations of any of the senses. The Belladonna patient is a fighter. After the acute symptoms pass away he becomes dull, stupid, apathetic and unwilling to be disturbed.

Bryonia.—Acute attacks of physical disease occurring during insanity. Apathy, languor, torpor, irritability, obstinacy. The bad effects following manifestations of violence and anger.

Calcarea carbonica.—Defective development, mental as well as physical; considerable apprehension, afraid they will go crazy; more often a sluggish, apathetic mental state.

Cannabis indica.—Fantastic mental symptoms. Great exaltations, hallucinations of sight. Exaggeration of duration of time and extent of space. "A few seconds seem ages, a few rods an immense distance." Unable to recall any thought or event of the

past on account of the multitude of images which, at the present, crowd the brain.

Cantharis.—Nymphomania, satyriasis, sexual perversion. Furious delirium; cries, barks, at times manifests great excitement at the sight of water.

Chamomilla.—Excessive hyperesthesia, snappish irritability, nothing suits; cannot bear pain, makes great complaint of slight ailments; impudent.

Hyoscyamus.—Acute mania. Quarrelsome, but anger is of short duration. Generally he is jolly and hilarious. Hallucinations, imaginings, suspicious, particularly of poisoning. Talks much to himself. Jumps rapidly from one subject to another. Easily becomes jealous, often obscene.

Hypericum.—We note nothing of much interest in the way of mental symptoms, but think it worth while to speak of its powers of arresting nerve degeneration, as shown in a case of progressive muscular atrophy. To be used when there is any injury of nerve tissue.

Ignatia.—Profound mental depression. Melancholia. Ailments of a nature which lead to concealment. Cannot be induced to talk of his troubles. Despair. Possibly suicide. Hysteria. "Clavus Hystericus." Acts better in women. (Arsenicum and Nux vomica seem to act better in men.)

Lachesis.—The insanity of the climacteric. Loquacious. Imagines that she is dead and that preparations are being made for her funeral. Muttering delirium. Thinks she is under some super-human control. Neurasthenia.

Mercurius.—Sleeplessness. Twitching of limbs. Tremor. Paralysis. Dementia. Careless of person or clothing. Filthy. Foolish. Mischievous and disgusting actions. Fearful, restless and apprehensive. Fears he is going to lose his mind. Groans and moans a great deal. Acts better in acute cases, when it has been preceded by a few doses of Aconite.

Nux vomica.—Cross, irritable, noisy, pugnacious, fault-finding, morose and stubborn. Hypochondriasis. Numerous imaginary ailments.

Oenanthe Crocata.—Some years ago the writer read before the Pennsylvania Homeopathic Medical Society a short paper giving his experience with this drug in a case of epilepsy. He thought that while a cure was not effected there had certainly been a decided decrease in the number of attacks. The remedy has been in use here to a considerable extent, and Dr. Talcott notes, as a result, the following effects:

1. The fits decrease in number about forty or fifty per cent.
2. The convulsions are less severe than formerly.
3. There is less maniacal excitement before the fits in epileptics who are under the influence of the medicine.
4. There is less sleepiness, stupor and apathy after the fits, and the debilitating effects of the attacks are more quickly recovered from under Oenanthe than under any other form of treatment.
5. Patients under Oenanthe crocata are much more easily cared for by the attendants, because of the fact that they are less irritable and less often affected with convulsions.

Surely, with this evidence, we are justified in pinning our faith to this remedy.

Opium.—This remedy is often of great benefit in cases following an apoplectiform seizure. Conditions resulting from long dissipations, melancholia; symptoms vary much. Vivid hallucinations of sight.

Phosphoric Acid.—Dementia from masturbation or sexual excesses. Melancholia from disappointment in love, from excessive menstruation and from physical exhaustion due to overaction of the kidneys.

Picric Acid.—Uncontrollable sexual excitement. Exhaustion of vital forces from sexual excesses. Sexual neurasthenia. Melancholia, with indifference. Want of will power. Abject despair. Acute dementia, with exhaustion.

Pulsatilla.—Disordered menstruation; when delayed or absent, establish the flow and frequently mental symptoms improve.

Silicea.—Epilepsy, where the attack occurs but once each week, though every fourth week there is a pronounced exaggeration. Nervous headache, provoked by any excessive mental exertion. Oversensitive to noise; depressed, gloomy, tired of life, compunction of conscience about trifles. Faint-hearted, yielding, anxious; profound melancholia.

Stramonium.—Delirium, vivid hallucinations and delusions. Acute mania. Frightful hallucinations of sight; sees snakes, vermin and strange animals. Desires light and company. Enjoys gazing at bright objects. Imagines he sees bright objects before him.

Sulphur.—He uses his sleeves both for handkerchief and looking-glass. Is dirty, looks dirty. Irritable, a chronic grumbler. Chronic mania. Patients attach great value to trifling things; dress themselves up in rags, wear paper crowns, imagine they are kings and queens; are selfish.

Veratrum Album.—Religious melancholia. Patient prays a great deal. Anxious, restless, weeping, despairing of salvation.

Materia Medica.

This department is in charge of Prof. Willis A. Dewey, M. D., Professor of Materia Medica and Clinical Professor of Nervous Diseases in the Homeopathic College of the University of Michigan, at Ann Arbor. All contributions for it should be sent direct to Professor Dewey.—Editor Medical Century.

TWELVE REMEDIES IN HEART AEFECTIONS, WITH COMPARISONS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICHIGAN.

I. Digitalis.—Digitalis is known chiefly for its action on the heart, and it is rare that a patient suffering from an affection of that organ does not get Digitalis in some form. There is no doubt but that it is a much abused drug. Its symptoms are, however, clear, and, briefly stated, are as follows:

The pulse is slow, but primarily strong. There is great weakness of the cardiac tissue, and secondarily the pulse becomes weak. Extra exertion increases its rapidity but diminishes its force; so that the quick pulse becomes irregular and intermittent. The heart feels as if the blood stood still. There is weakness and numbness of the left arm, and often blueness of the surface of the body, or cyanosis. The patient fears that the heart will stop beating if he should make any motion.

Gelsemium has the opposite symptom to this. The patient is roused out of sleep feeling that the heart will stop beating and he feels impelled to move about to keep it going.

A number of drugs have numbness of the left arm in heart affections, notably Aconite, Kalmia, Rhus tox, and Pulsatilla.

The Digitalis patient has a doughy look to the

skin; there is often a sick feeling at the stomach after eating.

Apis has a symptom that will lead to its use in heart affections, namely: "He does not see how he can get another breath."

Like Arsenic and Lachesis the tendency of Digitalis is downwards, and it must be used cautiously and only when indicated homeopathically.

There are numerous other symptoms that will indicate Digitalis. Disturbed sleep, apprehensiveness, deep sighing, slow respiration, dry cough, suffocative spells; in fact, such symptoms as may be caused by an irregular distribution of the blood.

Digitalis is also indicated in dropsical conditions dependent on heart trouble; anasarca, cardiac dropsy associated with slow pulse. Apocynum is similar in this relation.

II. Cactus Grandiflorus.—Perhaps the next most important remedy in heart affections, from the homeopathist's standpoint, is Cactus. Its well-known characteristic symptom, "Sensation as if the heart were grasped with an iron hand," which clutches and relaxes alternately, is ever present to the mind. It has, however, other symptoms. It is similar to Arnica in chest soreness and constriction; it has pains shooting into the left arm, palpitation, dyspnea, edema and a quick, throbbing, tense, hard pulse, which may or may not intermit.

Carditis and pericarditis may call for Cactus.

There is great irritation of the cardiac nerves and Cactus may be found to be the remedy for angina pectoris.

It is a remedy adapted to hypertrophy of the heart in young people. It is also very useful for intense palpitation and fluttering sensations about the heart; it is indicated for such symptoms in young girls about the age of puberty, and at menstrual epochs.

III. Kalmia Latifolia.—Kalmia is a remedy for cardiac hypertrophy, especially after rheumatism, and has the symptom so common in heart affections, namely, "numbness of the left arm." There is with Kalmia much pain and anguish about the heart, some dyspnea, palpitation, and pressure from the epigastrium towards the heart. The heart is irregular and intermits every third or fourth beat. There are shooting pains through to the scapula.

Kalmia is an excellent remedy for cardiac troubles when they have been caused by the suppression of rheumatism by external applications.

The pulse of Kalmia is slow, but not as slow as that of Digitalis.

Phytolacca has tingling and numbness of the right arm, but the the three chief remedies having this symptom in the left arm are Kalmia, Rhus, and Aconite.

Acute pericarditis depending on rheumatism will call for Kalmia; the sharp pains taking away the breath will call attention to it. Hering says Kalmia has a most beneficial action in diminishing too rapid pulsations of the heart.

IV. Spigelia.—Spigelia is another remedy for painful affections about the heart. There are sharp pains shooting from the heart to the back, and radiating from the heart down the arm, over the chest, and down the spine. There is palpitation worse from any movement of the arm or body. There is a purring sensation felt over the cardiac region when placing the hand thereon. The pulse is intermittent, not synchronous with the heart-beat, and the slightest motion of the arms or hands makes the patient worse. Heart symptoms accompanying neuralgia call for Spigelia. Irregular and tumultuous action of the heart, severe pain, dry cough and dyspnea are all well met by Spigelia. At times the heart beat is even audible. We sometimes find this symptom under Arsenicum, which is useful in hypertrophy of the heart from climbing high places, mountains, etc.; but Spigelia comes in earlier in heart troubles than does Arsenicum.

Rheumatic endocarditis will often find its curative remedy in Spigelia, and it has a most beneficial action in angina pectoris.

V. Aconite.—Among the remedies having a marked influence on the heart is Aconite. It has, as has been seen, numbness of the left arm; it also has tingling in the fingers, associated with heart disease. Aconite produces a cardiac congestion, with anxiety, oppression and palpitation, worse when walking; lancinating stitches occur, and also attacks of intense pain. It is the remedy in uncomplicated hypertrophy of the heart.

Glonoine has a fullness in the region of the heart, with some sharp pains, fluttering of the heart with violent beatings, as if the chest would burst open.

Amyl nitrite has oppressed breathing and constriction about the heart. Both of these latter remedies are useful in angina pectoris.

Veratrum viride has a condition simply of intense arterial excitement and is recommended as a remedy to be used continuously in hypertrophy with dilatation. It is an important remedy in all inflammatory affections of the heart and its membranes.

VI. Rhus Toxicodendron.—Rheumatic hypertrophy calls for Rhus. It is palpitation of the heart from over-exertion, numbness and lameness of the left arm and shoulder. Pericarditis or Endocarditis from exposure to rain, getting wet, etc. The symptims are worse on every change of the weather. Uncomplicated hypertrophy of the heart, such as comes in athletes, machinists, etc., calls for Rhus; and among other remedies for this condition may be mentioned Arnica and Bromine.

Pericarditis due to septic conditions will call for Rhus, and in heart troubles, as in all others, it follows Bryonia well, and Bryonia may be an early remedy in pericarditis.

The rheumatic basis of nearly all the heart symptoms and the general conditions of the remedy will indicate its use.

VII. Bryonia.—In affections about the membranes of the heart of course Bryonia is one of the most prominent remedies. It corresponds to the first or second stage of pericarditis when of rheumatic origin, and especially if pleuritic symptoms be present. There are intense fever, frontal or occipital headache, and acute stitching pains which are aggravated by movement; and the friction murmur is always present. It does not usually correspond to pericarditis from Bright's disease or pyemia.

Aesclepias tuberosa is similar to Bryonia, but the symptoms are not so acute, the fever is not intense, the pain is pricking and extends to the left shoulder, there is a dry spasmodic cough and the pain is relieved by bending forward.

A valuable group of symptoms calling for Bryonia are the following: Cramp in region of heart, aggravated by walking, raising one's self or using the slightest exertion, even raising the arm. Heart beats violently and rapidly.

VIII. Convallaria.—There is quite a large class of remedies affecting the heart which might be termed the Newer remedies. Among these is Convallaria. It is useful in valvular diseases of the heart with scanty urine, dropsy and great dyspnea. It has so

relieved the edema in a number of cases that the patient could lie down. Dyspnea, palpitation and edema due to mitral disease have been relieved by it. The provings of the remedy show a feeble heart-sound, anemic murmurs over the jugular vein, pain in region of heart, and an uneasy fluttering—a sensation when exercising as if the heart stopped beating and then started up again, causing a faint, sick feeling. This uneasiness about the heart should suggest its use in the condition known as cigarette or tobacco heart.

Another of the newer remedies is Adonis Vernalis. It increases arterial tension, regulates the heart-beats by lessening the frequency of the pulse, and increasing the force of the cardiac contraction. The remedy is well tolerated, increases diuresis and acts with rapidity. Otherwise it is similar to Digitalis. It is seen, however, from the above that its action is physiological rather than homeopathic.

Lycopus virginicus is still another heart remedy of this class. It is useful in cardiac irritability with depressed force, after abuse of cardiac depressants or cardiac stimulants, excessive hypertrophy, muscular weakness, etc. Its use has been limited.

Another remedy useful in irritable heart is Collinsonia, and like Digitalis and Lycopus it is secondarily homeopathic. Irritability of the heart due to suppression of hemorrhoidal flow especially indicates Collinsonia.

Strophanthus is one of our recent accessions to the line of cardiac remedies. It has been found useful in weak, hypertrophied, irritable heart, with tense arteries and a free discharge of urine.

Sparteine sulphate also has been used in feeble heart and nervous and hysterical persons, and at the climacteric; but as most of these remedies are used for their physiological effect they, as yet, should find no place in homeopathic therapeutics.

IX. Lachesis.—The snake poisons exercise a very marked effect on the heart and circulation, as well as on the blood itself. Lachesis produces a palpitation of the heart and a constrictive feeling in the cardiac region. There is a smothering sensation about the heart, waking the patient out of sleep. He can bear no pressure on the chest. Pulse small and weak.

Kali hydriodicum has this same smothering sensation about the heart, waking him out of sleep and compelling him to get out of bed.

Graphites has a similar symptom, and also a cold feeling about the heart, found under Petroleum and Natrum muriaticum as well.

Naja tripudians, another of the snake poisons, has been used with good effect in valvular affections of the heart with a dry, teasing cough; there is also a tremulous action.

Lachesis has also the symptom that the heart feels too large for the chest. Atheromatous conditions of the heart and blood vessels call for Lachesis.

X. Lilium Tigrinum.—Lilium has some important heart symptoms. It has a pain in the heart as if grasped in a vise, which awakens the patient suddenly. There is much fluttering about the heart, and faintness. It is a sensation as if the heart were grasped and then released. Lilium will be found useful in purely functional affections, independent of organic lesion. There is much cardiac irritability, nervous palpitation, and the symptoms are ameliorated by lying on the left side. Motion aggravates.

Sulphur may be the remedy when it seems as if there was almost too much blood sent to the heart, producing palpitation, gasping for breath, and sensation as if the heart were too large for the chest.

Lilium is useful in conditions of nervous palpitation, and in functional cardiac disorders in women with uterine disease.

XI. Arsenicum—Arsenicum is a remedy often thought of in heart affections and often useful. Like Lachesis it is more adapted to later stages of heart trouble, when the course is downwards. Arsenic produces great irregularity of the heart, or the pulse may be quick and weak. It is especially useful in pericarditis or endocarditis after suppression of measles or scarlatina. Restlessness will be present, and edema, puffiness of the eyes and swelling of the feet. Great dyspnea, spells of suffocation at night on lying down and particularly after midnight.

Phosphorus affects rather the right heart, producing a venous stagnation, and it is exceedingly useful in fatty degeneration of this organ.

Arsenic rather affects the left heart, has more oppression of the chest in breathing, more orthopnea and more anasarca. The patient cannot lie down or go up stairs.

Two other remedies useful in fatty degeneration of the heart are Cuprum aceticum and Phytolacca decandra.

XII. Collinsonia.—In functional disorders of the heart Collinsonia is an excellent remedy, especially when they are reflex from hemorrhoidal troubles or alternate with them. Although the provings do not indicate a specific action on the heart it has been found useful where there is much cardiac irritability, traceable to suppressed hemorrhoidal bleeding; the cardiac nerves seem irritated, and there is great sensitiveness about the heart, fullness and oppression about the chest, with difficult breathing and faintness. It cured for the writer a case of severe constrictive pain about the heart in a man who habitually passed blood with his stools; upon the disappearance of the blood from the stools the heart symptoms commenced and when the flow of blood became re-established the heart symptoms disappeared. Collinsonia entirely cured both conditions.

A characterizing indication is a persistent rapid but weak pulse; the action is excessive, but the force is deficient. Hale thinks that Collinsonia acts on the heart by removing obstructions or irritations in the liver, portal system, or kidneys, and by increasing muscular tonicity.

MATERIA MEDICA MELANGE.

Nothing has yet been decided between the committee appointed by the Homeopathic Society of France and Mme. Boenninghausen regarding the tomb of Hahnemann. A definite response is daily expected.

Strophanthus.—Dr. Grainger studies the action of Strophanthus on the heart in a recent number of the British Medical Journal. He found that when a solution containing one part of the dry alcoholic extract to 10,000,000 parts of liquid is forced through the heart of a living frog the heart's action is arrested in extreme systole in about fifty minutes, and that when the solution is only of the strength of one part to 5,000,000 such a contraction of the cardiac muscle only occurred post-mortem.

Bicarbonate of Soda.—Soda in large doses is now recommended in tuberculosis and tubercular conditions, such as abscess and ulcerations, and the phosphate and chloride of sodium, our Natrum muriaticum, are also advocated.

Eucaine.—In the domain of "rational" therapeutics Eucaine is now taking the place of Cocaine; and Phenacetin is about to be replaced by Apolysis, and

thus, as the Medical Record says: "Our fondest therapeutic hopes decay."

Natrum sulphuricum.—This remedy is recommended in hemophilia.

Berberis vulgaris.—Dr. Pinart, in La Revista Homeopatica, reports several cases of sciatica cured by Berberis, the indications being a pain along the course of the sciatic nerve so severe as to impede movement. The aggravation from motion was a marked symptom, also from heat..

Anhelomum lewinii.—The Mescal Button is reported by Dr. Weir Mitchell as producing extraordinary color visions and form illusions, and he remarks that he called particular attention to these symptoms as resembling the visual phenomena of migraine and suggests the possibility that the drug may be found useful in this affection. This sounds very much like good homeopathy.

Whooping cough.—Dr. Richard Hughes calls attention to two errors which crept into the article on the Therapeutics of Whooping Cough published in the Century for March; namely, Hahnemann's recommendation of Drosera should read 30 instead of 30x, as Hahnemann did not use the decimal scale; secondly, Teste recommended Corallium and Chelidonium as curative remedies in the disease instead of Corallium and Cuprum as prophylactic remedies, as stated in the article.

Aesculus hippocastanum.—Artault, in the Revue de Therapeutique, 1896, No. 5, "acting on the popular hint" that horsechestnuts were useful in hemorrhoids, had a tincture made from the nut and administered it in twenty-one cases with most gratifying results. The dose given was ten drops daily in sweetened water, and a few days' use sufficed for the cure. The doctor claims for it a specific action on the pain and on the veins of the pelvis. This wonderful allopathic discovery was heralded in the Central Blatt fur innere Medicin Oct. 10, 1896, and in a recent number of the New York Medical Journal. Doubtless it will be classed as one of the greatest therapeutic discoveries of the year 1896.

Aesculus has been almost a polychrest in homeopathy practice for fifty years. Its use in hemorrhoids is well known and well verified. Hughes says in his pharmacodynamics: "Aesculus is known only in homeopathic practice."

THE MATERIA MEDICA CONFERENCE.

The Materia Medica Conference will convene in Buffalo on June 23 at 3 p. m. The following is the completed program to date:

General Topic—"Methods of Purification of Our Materia Medica."

First session—Wednesday, June 23, 1897, 3 p. m.

"Does Critical Analysis of Drug Provings by the Chart Method Mean Too Much Elimination?" J. P. Sutherland, M. D., Boston, Mass., essayist.

Disputants—A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. W. Evans, M. D., Chicago, Ill.; J. L. Moffat, M. D., Brooklyn, N. Y.

General Discussions by Bushrod W. James, Philadelphia; B. G. Clark, M. D., New York; W. H. Hanchett, M. D., Omaha; and others.

Second session—Wednesday, June 23, 1897, 8 p. m.

"Is the Method of the Baltimore Investigation Club Qualified to Fulfill Its Purposes?" Eldridge C. Price, M. D., Baltimore, Md., essayist.

Disputants—George Royal, M. D., Des Moines, Iowa; Frank Kraft, M. D., Cleveland, Ohio; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

General Discussions by A. C. Cowperthwaite, M. D., Chicago; C. Gatchell, M. D., Chicago; H. W. Pierson, M. D., Chicago; T. L. Hazard, M. D., Iowa City; E. R. Snader, M. D., Philadelphia; and others.

Third session—Thursday, June 24, 1897, 10 a. m.

"Purification by Means of Comparisons with Normal Standards." T. F. Allen, M. D., New York.

Disputants—Conrad Wesselhoeft, M. D., Boston, Mass.; M. Deschere, M. D., New York, N. Y.; J. C. Guernsey, M. D., Philadelphia, Pa.; E. H. Walcott, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Menninger, M. D., Topeka, Kan.

General Discussion by Pemberton Dudley, M. D., Philadelphia; H. W. Pierson, M. D., Chicago; and others.

Those wishing to discuss should communicate at once with the secretary, W. A. Dewey, M. D., Ann Arbor, Michigan.

SABAL SIRRULATA IN DISEASES OF THE PROSTATE.

BY E. M. HALE, M. D., CHICAGO.

Sabal, the Saw Palmetto, has been highly lauded in the treatment of the diseases of the prostate. The amount of evidence in this respect would appear overwhelming if we admit that a correct diagnosis was made. But it is well known that diseases of the neck of the bladder and of the prostatic urethra are often mistaken for prostatic diseases. My experience with this drug, now extending over more than twenty years, has convinced me that it does influence favorably all three tissues.

There are two drugs which resemble Sabal, namely: Stigmata maidis, corn silk, and Santalum, oil of sandal wood. Sabal stands between them, resembling both, yet having points of dissimilarity. In small doses it is doubtless a sedative to the urinary tract; so is Santalum, while the latter is a much more toxic agent. Both are homeopathic to the catarrhal processes affecting the bladder and urethra. But Sabal, like corn silk, appears to act upon the nerves supplying those tissues, as a sedative agent, while the action of Sandal wood is upon the mucous tissues alone. Nearly all who claim for Sabal a power of reducing the size of the prostate speak of the organ as a gland. But the prostate is not a gland. It is a muscular structure in which are imbedded small glands. Kolliker asserts that "the larger portion of the organ consists of pale muscular tissue, and that the smaller portion only consists of glandular tissue.

Ellis—quoted by Thompson—asserts that "the prostate is essentially a muscular body * * as only so small a portion is glandular the propriety of calling the prostate body a gland is rendered doubtful, for the small secreting glands contained in it are both appendages of the mucous membrane, which project among the muscular fibres in the same way as the other glands of the urethra extend into the surrounding sub-mucous tissues."

The prostate is the homologue of the uterus; both have glands which project into the sub-mucous tissues. It would be just as correct to call the uterus a gland as to call the prostate.

Now, I doubt if Sabal has any direct action on the muscular structure of either organ, as does Ergot, Ustilago, Thuja, or Cimicifuga. But it may profoundly affect its nerve supply, as does corn silk, or

Hyosciamus; moreover, I believe it may act on the glands of the prostate as it does on those of the throat, by actual contact, primarily to stimulate and irritate, in large doses, secondarily as a sedative in small doses.

In acute or chronic protasitis that organ becomes enlarged, because of the irritation of its glandular structure and of the mucous and sub-mucoous tissue with which it lies in contact. Sabal probably removes this irritation and allows the congested prostate to resume its normal size—if actual induration with hypertrophy has not obtained; in which case I doubt if any drug will cure. This view may explain the success which has attended the use of Sabal in cases where the prostate is supposed to be diseased.

Dr. Mullins, in his remarks preceding his reported proving, gives the following indications: "Enlarged prostate with throbbing, aching, dull pains, and discharge of prostatic juice. At times discharge of mucus, also a yellowish watery fluid. (The latter symptoms shows its power over mucous membranes, when cystitis has followed as a secondary condition, depending on an irritable and enlarged prostate as a primary cause.")

This must be largely theoretical, based on clinical observation, for we have no record that Sabal has caused enlarged prostate or many of the other symptoms he mentions. Nor has it caused orchitis, orchalgia, impotence, etc., from enlarged prostate.

Surgery.

SURGICAL TREATMENT OF DISEASES OF THE NOSE.

(CONTINUED.)

The Removal of Blemishes and the Correction of Deformities.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

There is probably no organ of the human body that has more to do with the looks of its possessor than the nose. It matters not how perfect the other features of the face may be, an improper poise, a blemish or a deformity of this organ, though it may be but slight, impairs the good looks. What is more disfiguring to an otherwise handsome face than an unsightly wart or mole situated upon this prominent organ, to say nothing of abnormal depressions, humps, deflections and deficiencies! There are but few operations of convenience that give more general satisfaction than those done upon the nose for cosmetic effect. The surgeon who has given this subject close consideration will gladden many hearts. The rich vascular supply flowing through the structures of the face render it a favorable field for plastic operations. There is but little danger of sloughing of tissue here, and wounds unite promptly with but slight tendency to conspicuous scars. In fact, where primary union is secured, and this is the rule, cicatrices soon disappear, leaving only slight, if any, traces of the cutaneous incisions.

Operative Technique.—Much operative ingenuity and mechanical tact is necessary to successfully accomplish correctness in surgical cosmetics. The shrinkage of tissue, the normal lines of the skin, the direction of muscles and the source of blood supply are factors to be seriously considered. Again, cicatrices should, as far as possible, be placed in non-conspicuous places, in shadows, and wrinkles and in furrows. Since primary union without suppuration is an absolute necessity asepsis becomes an all-important factor. The most rigorous cleanliness must be observed, both in the operation and after-treatment. Incisions through the skin should be made with very sharp knives, the blades of which are held at right angles to the plane of the surface to be incised, so that the edges of the wound shall not be beveled. When possible, incisions should be made in straight lines, graceful curves or regular angles. The tissues should not be bruised by catch-forceps, retractors or rough handling, nor should bleeding vessels be tied if it can be avoided. All suturing should be done with slender needles and fine material. Ligatures should be introduced near the edge of the wound, two to three-sixteenths of an inch back, not placed too close together, usually three-eighths of an inch, and they must not be tied too tightly; generally they are removed at the expiration of the third day before they begin to cut. Silk, sheep-gut and silk-worm are to be preferred, in the order named. Great care must be observed lest the edges of the skin be folded in, or too much tension be put upon the flaps.

Face wounds, unless pressure to prevent oozing and infiltration is desired, usually require no dressing—simply dusting the moist surface with iodoform is all that is demanded, careful instructions being given to the patient not to moisten (wash) or handle the parts.

After the sutures are removed it is generally well to sustain the parts for a few days with narrow strips of adhesive plaster. These, however, should never take the place of sutures in the primary treatment of facial wounds.

Moles, warts and other blemishes of cuticular origin, when situated upon the nose, are best removed by excision and closure of the wound. After rendering the field of operation thoroughly aseptic anesthesia is produced by subcutaneous injection of a sufficient quantity, ten to thirty drops, of the following solution; if required, several syringefuls can be introduced without serious effect:

Cocaine hyd.
Chloride of Sodium—a a gr. ij.
Morphia Sulphus—gr. ss.
Sterilized Water—fzj.

An elliptic incision is then made around the base of the growth, after which it is dissected away and the chasm closed with two or three fine silk sutures, Fig. 1. Should an arterial twig spurt gentle pressure

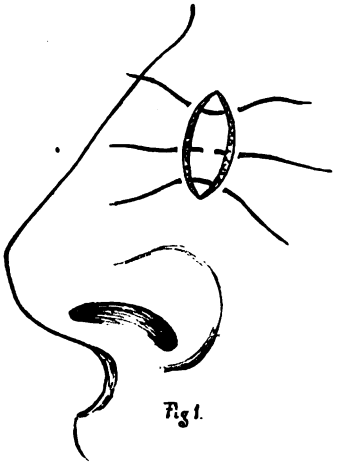


Fig 1.

with a sponge for a few moments will usually control the bleeding; if it does not one of the sutures should be made to dip beneath its mouth so as to compress it.

When the growth is so large that the wound caused by its removal cannot be closed without pro-

ducing distortion or deformity of the parts the incision should be made to simply encircle its base (not sacrificing more tissue than required) and a single graft of skin of ample size should be taken from the arm and applied to the denuded surface. If necessary the graft may be trimmed with the scissors to conform to the shape of the wound.

The after-treatment is to be conducted in accordance with the method of Thiersch. I have, on several occasions, removed epitheliomatous and other growths from the ala of the nose by this method.

Prominence of the Columna.

Deviations of the columna constitute a deformity that is at times very noticeable and disfiguring, rendering an otherwise presentable nose unsightly. This abnormal development may be satisfactorily corrected by a very simple procedure.

The columna is grasped with the thumb and forefinger of the left hand and drawn forward, while with the right a slender, sharp-pointed knife is made to transfix the septum in its lower border at the junction of the columna with the septal cartilage, Fig. 2.

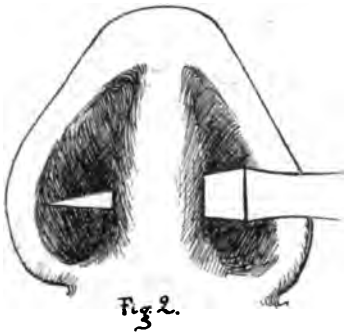


Fig 2.

An incision is then carried upwards along the articular cleft to the roof of the nasal fossa, dividing all the structures. A sufficient amount of the free end of the cartilage of the septum is now cut away to correct the deformity. Care must be observed lest too much be excised and a greater disfigurement entailed. It is also important that the incision should be made to conform to the natural outlines of the nose. After the section has been made the columna is again united to the septal cartilage by two or three silk sutures, which are made to traverse the entire thickness of both structures, Fig 3; the mucous membrane in either nostril being coapted by additional sutures of fine silk.

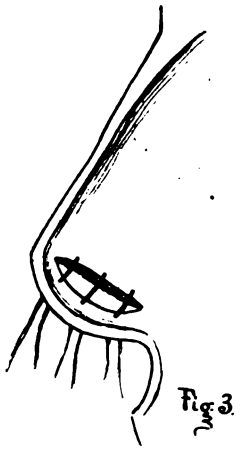


Fig 3

Deflections of the Tip of the Nose to One or the Other Side.

This deformity may be overcome by removing an elliptical section from the septal structure on the opposite side and closing the chasm with sutures, Fig. 4. It will in some cases be necessary also to excise a portion of the septal cartilage, while in others it will require in addition a vertical division of the cartilage, a-b-Fig. 4. In doing this care should

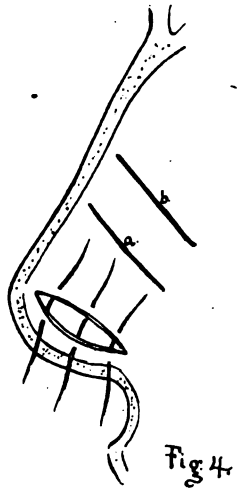


Fig 4.

be observed not to divide the mucous membrane in the opposite nostril.

When the nose sits upon the face in a crooked or angular position it can be straightened only when the cartilages are separated from the nasal and maxillary bones and the septum divided along its base.

A broad, sunken dorsum may be greatly improved by chiseling away the attachments of the nasal bones to the superior maxillary, compressing them and holding them in position by the use of metal pins.

Turned Up or Pointed Nose.

These conditions may be corrected by lifting up a flap of skin from the tip of the nose, Fig. 5, and

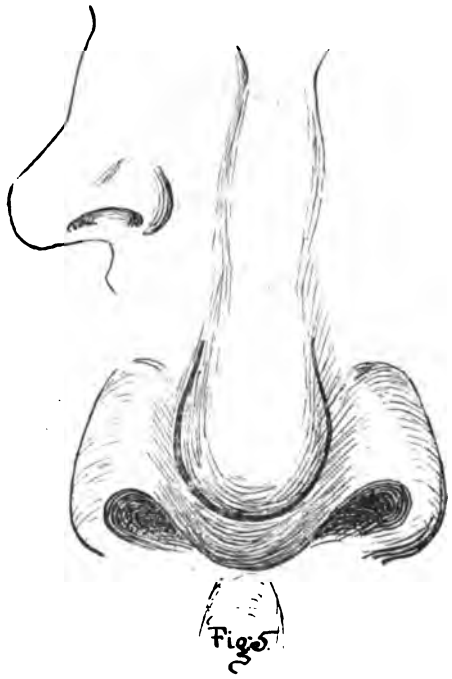


Fig 5

shaving off a sufficient amount of the septal and lateral cartilages, after which the skin flap is replaced and secured by a number of fine silk stiches, Fig. 6. Some judgment is required in making the excision, that proper shape be given to the tip of the nose; when the end is too broad it should be thinned down. If the operation is carefully and neatly done only a trace of scar-line will be visible, and this in time will disappear. I have had some most satisfactory results from this simple operation.

Humped or Arched Nose and Angular Prominence of the Dorsum.

These deformities, usually from fracture, are among the most noticeable of the deviations from the

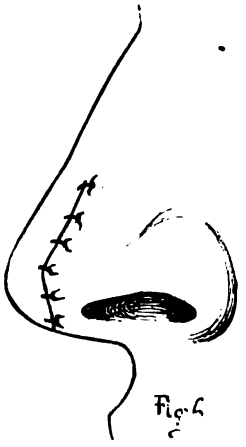


Fig. 6.

normal standard, and yet they are generally the most easily corrected.

After anesthetizing the patient a transverse incision extending down one-third of an inch on either side, is carried across the nose both above and below the prominence, a-a-Fig. 7. The lower end of

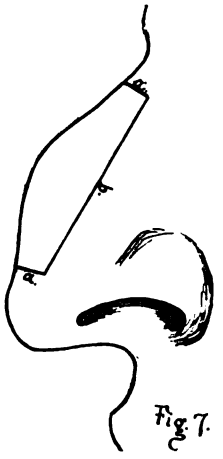


Fig. 7.

these on one side are connected by longitudinal incision, b, Fig. 7. All the structures, including the periosteum, are divided down to the bone. The periosteum is now raised by blunt dissecting and the flap is turned back, a, Fig. 8. With a narrow, fine-toothed saw, a chisel or a knife the bony or cartilaginous prominence is cut away and proper form

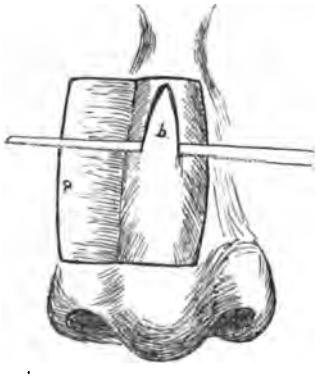


Fig. 8.

given to the parts, b, Fig. 8. After the section has been made and the desired shape secured the flap is replaced, the periosteum united by the smallest of sheep-gut sutures, and the skin accurately coapted with fine silk, Fig. 9. A dressing of sterilized gauze should be applied and secured in place by both adhesive strips and bandages. By making the incision to one side of the nose and reflecting back a flap greater space is given for manipulating and correcting the deformity, less injury is done to the tissue by retractors, and the resulting cicatrix is more or less shaded by the nose and brow; and in this position it is only seen on an average by about every third person.

This operation is to be commended above almost all others in the field of cosmetic surgery. In my

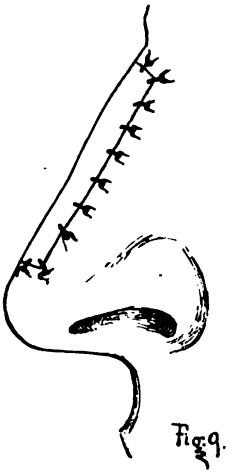


Fig. 9.

hands its results have been most satisfactory and have called forth from the beneficiary the most profuse expressions of gratification and gratitude.

Formation of a New Ala.

The subject who from accident or disease has suffered a loss of the nose or any part of it is deserving of the greatest sympathy, as the disfigurement renders him an object of curious observation and unfavorable comment. The reparation of these acquired deformities has taxed the ingenuity of sur-

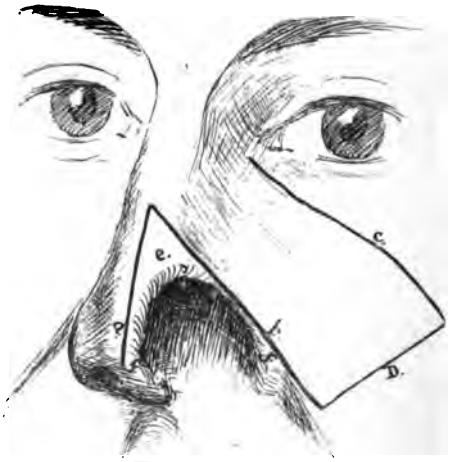


Fig. 10.

geons for ages, and every possible form of operative procedure has been practiced with the view of restoring the parts to a somewhat presentable condition. After a great deal of thought upon the subject and a comparison of the different methods I have devised the following measure and executed it with very satisfactory results:

Beginning just below the naso-frontal articulation an incision is made along the dorsum of the nose to its tip, a, Fig. 10, and another is carried down the side of the nose and along the cheek, b. The

knife is again entered one-third of an inch internal to the inner canthus of the eye, and carried downward along the cheek parallel to the former, c. The two are then connected at the lower end by a transverse incision, d, after which the flap is dissected up, maintaining only sufficient thickness to insure the integrity of the vascular supply. (Careful measurements should be made beforehand, so that the skin flap will be of proper shape and ample size. To allow for shrinkage it should be at least one-fourth larger in every direction than the space it is intended to fill.) The triangular area of skin remaining undetached upon the nose, e, is now released, and after the edges of the cleft, f-f, have been freshened it is turned downward with the skin-side inwards (forming the lining membrane of the nostril), and united to the edges of the cleft with fine sutures (sheep-gut being used throughout). The end of the main flap is now beveled on its inner-side to a feather edge, and the cuticular surface is turned in and secured by three or four sutures, g, Fig 11.

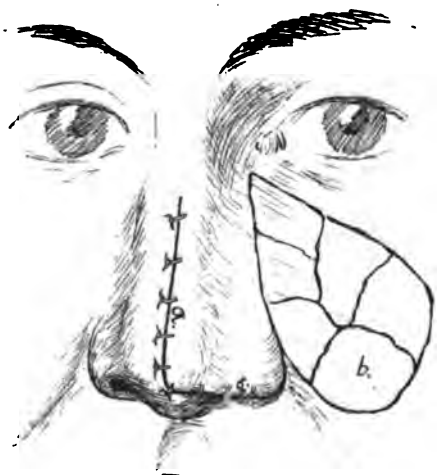


Fig. 11.

The flap is then lifted in place and secured by a row of sutures along both its borders, care being observed not to allow puckering at any point, a, Fig. 11. After carefully adjusting and securing the flap the denuded space on the cheek is covered with skin-grafts taken from the arm, b, Fib. 11. A drainage tube is fitted into the nostril and the ordinary dressing used in Thiersch's method of skin-grafting applied and retained in position with both adhesive plaster and bandage.

The appearance of the nose for the first few weeks will not be very inspiring, as it will soon become edematous and purplish in color. In fact, it will appear very disfiguring; but as time passes the swelling will subside and the parts will assume a more normal color, and within a few months the nose will present a very satisfactory appearance.

To insure patency of the nostril a stiff tube should be worn in it more or less constantly for several months, until all tendency to cicatricial contraction ceases.

Errata in April Number in This Series.

Medical Century: Your recent editorial comment upon the typographical butchering of my article on the "Surgical Treatment of Diseases of the Nose," in the April number of the Medical Century, is quite unsatisfactory, and therefore I shall be glad if you will give space to the following explanatory statement, so that those who are interested in rhinology and desire to read the article correctly may be able to do so. There is no subject more deserving the attention of the general practitioner than that of adenoids and posterior nasal hypertrophies.

With a pen or pencil, mark 1 at the end of line 23, "Generally the child suffers but slight consequent discomfort," etc., page 103. Mark 2 at the beginning of the paragraph, "Little if any further after-treatment is required," line 41, page 104. Mark 3 at the end of the sentence, "The opposite side is now treated in the same way, Fig. 6," line 51, page 105.

Begin at the first and read to 1, now skip to 2 and read continuously to 3; then turn back to 1 and read to 2, after which, again skip to 3 and read to the end.

W. E. GREEN, M. D.

Little Rock, Arkansas.

SURGICAL SNAP SHOTS.

BY SCOTT E. PARSONS, M. D., ST. LOUIS.

To Remove Adhesive Plaster.—Apply a mixture of equal parts of olive oil and turpentine.

Antidote for Chloroform.—Hydrocyanic acid has been found to be an effectual antidote to chloroform.

To Harden Plaster of Paris.—The addition of a very little alum or ferric chloride produces a very hard cast.

Dressings Removed Too Often.—It is a mistake to dress a wound too often. Let it alone until symptoms call for inspection.

When to Operate on Hare-lip.—The best period for operating on hare-lip is between the third and sixth months, before dentition commences.

Sensibility to Pain.—The more highly cultivated classes are most sensitive to pain; degenerates are less sensitive, some of them being very obtuse to pain sensations.

Bandages.—There is nothing better for bandages than butter-cloth. It has a neat, white, soft appearance, is easily rolled and does not fray.

Fracture of Nasal Bones.—In fracture of the nasal bones do not expect to obtain crepitus if the patient is not seen early, as this is prevented by the rapid infiltration which occurs.

Immediate Trachelorrhaphy.—Suturing the lacerated cervix properly immediately after delivery will result in primary union and prevent many of the evils that follow in the wake of a union of second intention.

Diagnosis of Hip-joint Disease.—Many cases of hip-joint disease are diagnosed as knee-joint disease, as the pain is usually referred to the knee. The anatomical explanation of this fact is that the branches from the obturator, sciatic and anterior crural nerves supply both joints.

Fractures at Shoulder.—In all obscure fractures about the shoulder a shoulder-cap should be applied for protection and support. It is best made from paste-board or shellac, rendered soft by placing for a short time in hot water previous to being molded to the shoulder.

Hemorrhage.—An able surgeon never fears hemorrhage from an open wound. It is in them a frank enemy. Concealed hemorrhage is the thief that comes in the night. In large dissections ligate the larger, central vessels in the wound, so far as possible, and many bleeding points may be checked by a single ligation.

Appendicitis.—The custom followed by many surgeons to remove the appendix in all cases in which a diagnosis of appendicitis is made is a very harmful one. The removal of the appendix should be

limited to (1) those cases in which during the first attack symptoms arise which portend danger of life and (2) to relapsing appendicitis.

Vesical Calculus in the Female.—The dilatation of the urethra is best accomplished while the patient is in the lithotomy position and under an anaesthetic. The canal can soon be sufficiently dilated to admit the fore-finger, the amount of laceration is reduced to a minimum, and the subsequent incontinence is of short duration. If the stone be too large to remove after extreme dilatation, it can be crushed and removed fragmentarily.

Indications for the Removal of Surgical Dressings.—

1. The removal of stitches.
2. The removal of drainage tubes.
3. Saturation of dressings by an abundant discharge.
4. Soiling of dressings by feces, urine or vomited matter.
5. The disturbance of the dressing by a restless patient.
6. Pain, if it is due to pressure, and especially if of a pulsating character.
7. The occurrence of secondary hemorrhage.
8. Fever if it points to some trouble in the wound.

Cebrebral Abscesses.—Cerebral abscesses in two-thirds of the cases occur close to the roof of the tympanum. MacEwen, in seventeen cerebral abscesses, found them in the temporo-sphenoidal lobe fourteen times, in the frontal two, and in the parietal one. The best spot for trephining is one inch and three-fourths above, and one and one-fourth inches behind the external auditory meatus, since at this point the temporo-sphenoidal lobe will be reached with the greatest ease.

Excision of the Breast.—In dealing with large tumors, such as some sarcomata, the skin incision must be planned with much care, or the operator will fail to adjust the margins of the wound. If any tension fall upon the sutures in consequence of an unusual amount of skin having been removed, a hare-lip pin can be introduced at the point where the greatest strain comes, or the skin above and below can be incised and the primary wound closed by sliding the cutaneous flaps and afterwards closing the secondary wounds, or leaving them to granulate.

Purse-string Treatment of Prolapsus Ani.—Dr. W. B. Platt, in the Johns Hopkins Hospital Bulletin, offers the following as a modification of treatment of prolapsus by suture: At the junction of the skin and mucous membrane, just beneath the latter, a curved needle is inserted in the median line below, and a silk thread is carried half-way around the anus and out again, in the median line above, re-inserted in the same opening, and brought out at the first puncture, making a purse-string suture. The little finger is then put into the anus and the string tied snugly around it. The suture is withdrawn after three weeks. By this method the bowel is kept in place long enough to contract.

Ophthalmology.

"WILD HAIRS."

Inverted Cilia Palpebrarum, Inturning Eye-Lashes.

BY H. F. FISHER, M. D., O. ET A. CHIR.—KANSAS CITY.

Definition and Description.—Upon the edges of each eye-lid are one or more rows of cilia, fine, evenly placed, slightly curved, short hairs, more commonly termed "eye-lashes." Their function is to prevent particles of foreign matter striking the eye; also to add to the personal appearance. In the normal state they always curve away from the eye-ball, upward on the upper lid and downward on the lower lid. By shedding, the lashes change every six to ten weeks; but if in a diseased condition this occurs more often, most inturning lashes being shed every two or three weeks.

If from any cause these little hairs are made to turn inward they rub against the sensitive cornea, giving rise to much discomfort or pain, and at each shedding the lash has a tendency to become more and more curved in the wrong direction. The more the lash becomes curved inward the more irritation of and consequent danger of the cornea.

Etiology.—The causes of "wild hairs" are errors of refraction; wearing the glasses too close to the eyes; constantly rubbing or pulling the lashes in the wrong direction; diseased conditions of the edges of the lids; granulated lids; entropion, etc. Whatever the cause it should be removed as early and as effectually as possible. In inflammatory conditions the removal of the irritation caused by the lash will often assist materially in the cure.

Examination.—When a patient complains of "wild hairs" examine the lids carefully, using a magnifying glass, that the minutest hairs may be discovered. Anyone wearing glasses can furnish the magnifying lens, if you haven't one, and if wearing eyeglasses by folding them the focus can be made stronger.

To examine the upper lid take a few of the lashes between the thumb and first finger and turn the lid slightly outward and upward so you can look directly down upon the cornea, flush with the surface of the lid-edge. All that is necessary with the lower lid is to press it slightly downward, it rolling slightly outward with no other help. In this manner the short, stubby, lightly colored hairs may be easily distinguished. By placing an unpolished instrument or a smooth wooden tooth-pick at the edge of the lid the bright, moist cilia can be seen more readily. Determine carefully the location of each offending lash.

Treatment.—When each inturning cilia has been located then you are ready to proceed with the curative measures. Having provided yourself with a bottle of collodion turn each offender up and on the skin of the lid with a forceps, tooth-pick, match, or any instrument, and fasten it there with a small quantity of the collodion—the white of an egg, mucilage or other substance will answer as well if the lids are kept dry.

Each offending lash is treated in this manner until the patient ceases to complain. It may be impossible to get all the short lashes at one treatment, in which cases instruct the patient not to pull them but to return in three or four days, and then treat as before.

The cilia, being held by their anterior ends, and growing constantly from the lids, curve more with each treatment toward their normal direction. Not only do the lashes take their proper direction but the canals assume their first positions.

The treatments will have to be repeated about every two weeks, because the diseased lashes are shed in that time. Very often one treatment will be sufficient to relieve, but it is seldom curative, even in the simple cases. Six to ten, often more, treatments are necessary in severe cases.

After the "wild hairs" are restored to their normal positions advise the patient to rub the lashes in the

upper lids upward and those on the lower lids downward several times each day, that they may not assume an abnormal direction in the future.

I have searched the works on Ophthalmology for some mention of this or similar methods of treatment, but find nothing upon the subject, except that "depilation is all that can be done in these cases." At the same time they tell us that each time a lash is pulled out it has a greater tendency to curve more acutely inward. Unfortunately, pain and discomfort is not the only injury a "wild hair" produces. In some cases it results in the loss of useful vision. I have seen three cases of blindness due to this cause.

Illustrative Case.—Miss W.; age 32; myopic; glasses worn too closely to the eyes, parting the lashes and causing them to turn inward. "Wild hairs" had troubled her for nearly a year and were causing much nervousness. "Day before yesterday I deliberately pulled out every lash from the upper lids and now look like a fright. What shall I do?"

Upon examining the lids I discovered several stubby lashes scratching the cornea, and advised the treatment already outlined. After getting all I could secure fastened to the lids I recommended that she leave the others alone and report to me in three days. She at first rebelled against the idea of suffering during the interval, but finally consented to try it, after which time I could catch every refractory lash and fastened them out of the way. After this I had little trouble with this patient, and in six or eight treatments dismissed her with as pretty lashes as she could desire. I had also had the frames so altered that the lashes didn't touch them. This case was seen after six years and the lashes are regular and the patient is happy.

Correspondence.

PROPOSED LEGISLATION IN TEXAS.

Framed by the Old School.—The proposed medical law of this state was drawn by the legislative committee of the old school state medical association. Subsequently Dr. W. R. Owen, chairman of the legislative committee of our association, and Dr. W. H. Johnson, chairman of a similar committee of the eclectic state society, went to Austin and held a conference with the joint senate and house committees on public health and representatives of the old school legislative committee, the result being that some minor changes were agreed to and the bill was offered as satisfactory to us all. It was reported back to the legislature favorably, but has lain pigeon-holed for two months, the session is rapidly drawing to a close, the legislature is sorely pressed by bills far more important than this one, and it bids fair to lie in peaceful slumber without action upon it, as have done so many previous bills with no gloomier prospects than this.

A Single Examining-Board Bill.—Briefly, the bill provides for a single board of medical examiners to consist of four allopaths, two homeopaths and two eclectics, to serve two years and to be appointed by the governor from lists of names furnished him by the respective state societies to the number of twice the number of appointees. The board is to meet twice a year, at such times and places as they may determine, and is to examine all applicants for the practice of medicine in this state except those exempted by provisions of the act. The fee for examination is to be fifteen dollars.

Requirements of Applicants.—Applicants must be at least twenty-one years of age, of good moral character, have degrees from regularly chartered medical colleges requiring sufficient preliminary and collegiate education to satisfy the demands of the board, and must have attended at least three courses of lectures and clinics of not less than six months each in three separate calendar years.

Exemptions.—All those who have been legally licensed in Texas, and whose diplomas or certificates have been recorded with the clerk of the district court for the county in which the holder is practicing, are exempt from examination. Originally the exemption clause covered only those who had been examined by our district examining boards. This was amended, however, so as to cover all who had recorded diplomas in accordance with the provisions of the present law, which allows this to suffice.

Materia Medica and Therapeutics.—In these departments applicants shall be examined by the representatives on the board of the school of practice to which they belong. No applicant shall be rejected because of his adherence to any particular school of medicine or system of practice, nor on account of his views as to the best methods of treatment and cure of disease.

As stated, the bill is hung up in pigeon-hole and will likely die from starvation and inanition.

M. J. Bliem, M. D.

San Antonio, Texas.

NOT AN EXAMINING BOARD BILL.

The governor at last signed our medical bill, although personally opposed to any measure of the sort. It is a single board bill, but under its provisions there seems to be no way of taking undue advantage. It does not require an examination of reputable college graduates, and a requirement that its members shall be chosen from lists of names recommended by the state societies removes these appointments, to some extent at least, from politics. On the whole it does not seem to be a bad bill, and we are willing to give it a fair trial. I am with you in fighting the examination of graduates, every time.

Sincerely and fraternally,

Harvey Dale, M. D.

Oshkosh, May 6, 1897.

SAW PALMETTO.

I am engaged in writing a complete monograph on the Therapeutics of Saw Palmetto. It will contain new provings and clinical reports and will appear in October.

I shall be glad to receive before that date any contribution, for which due credit will be given.

E. M. Hale, M. D.

65 22d street, Chicago.

THE HOSPITAL IDEA AT MIDDLETOWN.

I have been thinking that in this your special state hospital number a Middletown letter might not come amiss. I know that scattered through the west are many who are conversant with affairs here, and a note of the radical changes made this spring in the personnel of the staff might be of interest to them. As a rule, the staff here is a fixture. One member has been connected with the hospital for twenty years, another ten, another seven, so that

when a change is made it is certainly worthy of note.

Dr. George Allen is the man who is responsible for all of it. He leaves us this month to take charge of the new state hospital at Collins. Collins is situated in the extreme northwestern part of the state, about halfway between Buffalo and Jamestown. Dr. Allen will have a beautiful location, a very large tract of land, and splendid buildings, with all furnishings and equipment up to date. The buildings now being erected are in the shape of a Y, the stem being the administration building, the one arm for the male patients, the other for the female, while just at the juncture of the arms with the stem is situated in the one side the pharmacy, on the other the library. Rather a pretty idea, I think. Dr. Allen is certainly to be congratulated on his appointment.

By virtue of this change, Dr. C. Spencer Kinney becomes first assistant, Dr. Daniel H. Arthur second, and Dr. Maurice C. Ashley third. Only two years ago the position of junior physician was created. It was intended to be a stepping stone to the position of assistant physician. In order to be eligible a man must have been at least three years a graduate. Dr. Arthur P. Powelson is the first appointee, having been promoted from the position of interne. Dr. J. Richey Horner is the second appointee.

Clara Barnes, M. D., still retains her position as Woman Physician. Dr. David E. Francisco is senior Medical Interne, and Dr. Clarence E. Potter, a '97 man of the New York college, is the junior.

Dr. Talcott having arranged everything so satisfactorily took his estimable wife and himself to Atlantic City, where he is at present, enjoying, with a clear mind and an easy conscience, a well-earned holiday. During his absence Dr. Kinney is acting Superintendent.

Note this quotation from the New York Medical Record, May 1st: "Repose in Bed for the Insane.—La Presse Medicale reports that in Petersburg this system of rest has been introduced on a large scale for noisy, excitable patients, and cases with psychic depression and general debility. Neither force nor narcotics is used, but the patients are simply accustomed to remain in bed, although they take their exercise as usual. It is not necessary to keep them in separate apartments and the economy of space and trouble to attendants renders the practice a great convenience."

This reads for all the world like an extract from one of Dr. Talcott's annual reports, only it would have to be from one about fifteen years old. It is a number of years since Dr. Talcott wrote that splendid essay of his, "The Hospital Idea," and for several years before that he had been utilizing in this institution that same "Idea." We note that a number of our American hospitals are treating their patients in the same way, but up to the present time we have not run across any reports which antedate the adoption at Middletown of that most excellent plan of treatment. "Honor to whom honor is due."

J. Richey Horner, M. D.

Middletown, New York.

Medical Societies.

KANSAS STATE SOCIETY.

The May meeting of the Kansas State Homeopathic Medical Society was held at Hutchinson on the 5th, 6th and 7th of last month. Hutchinson is located in the Arkansas Valley in what was a barren desert a couple of decades ago. It is surrounded in all directions by salt-wells, the salt industry being its chief one.

A most cordial welcome was extended to the association by the officers and profession of the city. Meetings were held in Odd Fellows' Hall according to the regular program allotted. The mayor and president of the club extended hearty greetings and tore down the gates of the town. The president, Dr. Boardman, responded in felicitous terms to the cordial expressions of welcome and proceeded to deliver his annual address. He presented a table of comparative statistics, showing that Kansas stood seventh from the head in the list of states in proportion of homeopathic physicians as compared with the entire population. All of the states which preceded Kansas in this list are states with homeopathic colleges within their boundaries. Kansas has one homeopathic physician to every thousand people, while Missouri, Pennsylvania and several others have only one homeopathic physician to two or three times as large a population, and Virginia only one to about ten times as many. The president recommended the passage of resolutions of commendation to Gov. L. V. Stephens, of Missouri, for the firm stand he had taken toward justness and fairness in placing the insane asylum at Fulton in the hands of our profession.

On Wednesday evening an elegant reception was tendered the society by the Commercial Club and ladies of Hutchinson. The social features were especially enjoyed. The number of physicians in attendance had largely increased, so that the hall in which the meetings were held was comfortably filled from session to session. At the evening session of Thursday Prof. Blake, of the Kansas University, gave a practical demontration of the X-ray, photographing the bones of a hand and those of a boy's leg for the delectation of the audience and giving an extremely interesting lecture on this subject.

The sessions of Thursday and Friday were exceedingly practical, the papers presented being of more than ordinary merit and the discussions bringing out many of those essential points covering the experiences of the individual disputants. On the afternoon of Friday the members became the guests of the Commercial Club, who provided conveyances for a visit to the State Reformatory, of which Dr. A. M. Hutchinson is physician, and also to the Hutchinson salt works, said to be the largest in the world.

Among those who took principal parts in the work of the sessions were Dr. E. W. Boardman, president; Dr. A. M. Hutchinson, Dr. Harriet Messenger, of Hutchinson; Dr. W. A. Minnick, of Wichita; Dr. S. A. Bass, of Wichita; Dr. W. E. Buck, of Kingman; Dr. W. A. Yingling, and Dr. Jackson, of Emporia; Dr. Bumgardner, secretary, and others, whose names are not now recalled.

The following officers were elected for the ensuing year: President, Dr. A. M. Hutchinson, of Hutchinson; vice president, Dr. Willis Buck, of Kingman; recording secretary, Dr. Bumgardner, of Lawrence; corresponding secretary, Dr. G. W. Coffman, Garden City; treasurer, Dr. W. A. Yingling, of Emporia.

The time and place of the meeting for next year were left undetermined, to be decided by the executive committee and announced through the journals.

Dr. William Davis Foster, of Kansas City, was in attendance upon the meeting.

MICHIGAN STATE HOMEOPATHIC SOCIETY.

The Michigan Homeopathic Society convened in Pioneer Hall, Lansing, on Tuesday, May 18, 1896.

The attendance was very light, the lightest in years. This was attributed to the fact that legislative matters have so occupied the attention of the profession to the exclusion of scientific work. The program announced papers from Profs. J. S. Mitchell, of Chicago; J. C. Wood and W. T. Miller, of Cleveland, but none of these gentlemen were present.

The report of the board of control was adopted and resolutions were proposed favoring removal of the college. These were voted for by seventeen of the twenty-two members present, the vote being mainly composed of the Detroit delegation. The resolutions were sent to the Senate.

The scientific papers presented were few and largely from physicians who were not members of the society.

Dr. W. N. Fowler read an excellent paper on the "Malarial Fevers of Africa."

Prof. W. A. Dewey read a paper on "Twenty-five Years of Allopathic Therapeutic Progress Viewed Homeopathically," which was very favorably received, a number of members calling for its publication.

Prof. M. H. Parmelee, of Toledo, also presented an instructive paper to the gynaecological bureau.

Among interesting papers was one by Dean T. Smith, M. D., of Jackson, on "Potency;" one by Dr. M. C. Sinclair, of Grand Rapids, entitled "To What Extent Should the General Practitioner Engage in Surgery," and one by Dr. Alice Brabb, of Romeo, on "What Shall We Do with Our Girls?"

The Materia Medica Bureau was represented by two papers, one by Dr. J. S. Ayres, of Kalamazoo, entitled, "Some of the Effects and Influences of Iodine," and one on "Lycopodium," by Dr. J. C. Nottingham, of Bay City.

About thirty members were present during the two days' session. The attention of the members to lobbying ruined what might and should have been a very interesting and instructive meeting.

The election of officers resulted as follows:

M. C. Sinclair, M. D., Grand Rapids, president; G. A. Roberts, M. D., Battle Creek, and R. S. Copeland, M. D., Ann Arbor, vice presidents; R. C. Richards, Detroit, secretary.

HAHNEMANN MEDICAL ASSOCIATION OF IOWA.

The twenty-eighth annual session of the Hahnemann Medical Association of Iowa was held in Council Bluffs May 12-13. In the absence of the president the meeting was called to order at 10 o'clock by the vice president, Dr. Leora Johnson.

Welcoming addresses were made by Mayor Carsen and Hon. H. W. Rothert, to which Dr. A. Perry Bowman, of Sioux City, responded on behalf of the society.

After the routine business, reports were made on prevailing diseases, in which quarantine for measles was discussed and resolutions were passed asking for a repeal of the law.

The papers of the regular program were of a high order and elicited much practical discussion. Among these most excellent might be mentioned one on "Spina Bifida," by Dr. J. G. Gilchrist; also one by Dr. D. A. Foote, of Omaha, on "Appendicitis."

The regular attendance of the society was augmented by visiting physicians from adjacent towns of Nebraska, Omaha sending a large delegation, adding to the interest of the meeting by several able papers and interesting discussions.

Dr. P. J. Montgomery gave a delightful reception to the members of the society and their friends at his home. A visit was also made to the school for Deaf and Dumb, in which the doctors witnessed the practical demonstration of the text, "The deaf do hear and the dumb speak."

The election of officers resulted as follows:

President, Dr. J. L. Hanchett, Sioux City; first vice president, Dr. A. M. Linn, Des Moines; second vice president, Dr. C. E. Walter, Cedar Rapids; secretary, Dr. P. J. Montgomery, Council Bluffs; treasurer, Dr. Geo. Royal, Des Moines; necrologist, Dr. W. D. Dickinson, Des Moines; chairmen of bureaus: surgery, Dr. Charles Woodhull Eaton, Des Moines; ophthalmology and otology, Dr. R. W. Homan, Iowa City; materia medica, Dr. W. A. Hubbard, Cedar Rapids; nervous diseases, Dr. Devore, Sioux City; gynecology, Dr. Sarah Smith, Council Bluffs; clinical medicine, Dr. T. F. H. Spring, Sioux City; pedology, Dr. Leora Johnson, Iowa City; obstetrics, Dr. Wm. M. Plimpton, Glenwood; hygiene and sanitary science, Dr. F. J. Becker, Postville.

The next meeting will be held at Des Moines in May, 1898.

INDIANAPOLIS INSTITUTE OF HOMEOPATHY.

The Indiana Institute of Homeopathy held a very successful session May 18, 19 and 20 at Indianapolis. The attendance was good, and the interest unabated from start to finish. Among those present during the sessions were Drs. Tracy of Berne, Gott of Crawfordsville, Hickman of Redford, Dean of Rushville, Taylor of Crawfordsville, Hass of Peru, Wise of Frankfort, Stewart of Wabash, Fitch of Monticello, Noe of Thornton, Rich of Terre Haute, Waters of Terre Haute, Canaday of Hagerstown, Coons of Lebanon, Jordan of North Manchester, Holcombe of Kokomo, Fahnestock of La Porte, Bentley of Morristown, Martin of Muncie, Huron of Tipton, Armstrong of Thornton, Merriless of Leavenworth, Erni of New Albany, Lucas of Shelbyville, Bergen of Frankfort, Logee of Connersville, Martz of Ft. Wayne, Cory of Huntington, Hoag of Oxford, Fuller of Pine Village, and from Indianapolis Drs. O. S. Runnels, W. B. Clarke, F. C. Stewart, O. E. Maddox, H. A. Adams, J. R. Haynes, W. B. Stewart, Sollis Runnels, Rebecca W. Rogers, W. E. George, C. B. McCullach, N F. Curryer, J. D. George, J. T. Boyd, J. E. Compton, J. A. Bowers, and F. W. Helminey. Chicago sent Drs. C. E. Fisher, H. W. Pierson and E. W. Sawyer. The new officers are Dr. W. B. Stewart, president; Dr. H. N. Coons, first vice president; Dr. C. Martz, second vice president; Dr. A. W. Holcombe, secretary; Dr. Sollis Runnels, treasurer. Dr. O. S. Runnels entertained about fifteen of the members at lunch at the Columbia Club on Wednesday at noon.

Mrs. Archibald MacArthur, a stanch homeopath, has been elected president of the Board of Lady Managers of the Mary Thompson Hospital for Women and Children. Dr. Lucy Waite has recently been chosen as head physician and surgeon in the same institution. Special graduating exercises for the training school of nurses and the installation of Dr. Waite in her official position were held at the hospital on Saturday, May 8th. Among those present were Dr. Julia Holmes Smith, Dr. Isabel Scott Hotchkiss, Dr. Julia Lowe, Dr. McCracken, Dr. F. W. Rich and Dr. C. E. Fisher.

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JUNE, 1897.

Editorial.

PUT ME OFF AT BUFFALO.

This old saw may well become the slogan of every homeopathic doctor who has ever visited the American Institute of Homeopathy, or who can be brought to feel that it is his duty to attend the session this summer.

The current meeting will be held in Buffalo, June 23d to the 30th, and promises to be an exceedingly attractive and profitable session. In recent years a good deal of interference with the professional program in the interests of pleasure parties, excursions and other social enjoyments has been experienced. So universal has been the protest against thus sacrificing the scientific work of the sessions that the executive committee of the Institute and the local committee of arrangements have decided upon a course of procedure for the week that will obviate all clashing of social and professionl engagements. At the same time Buffalo's local committee has amply provided for all necessities in the social channels, and our meeting bids fair to be in this respect one of the most enjoyable, as it is sure to be professionally one of the most profitable, yet held.

There is no more delightful convention city in the United States than Buffalo. Its beautiful parks, its Niagara Falls and river, its magnificently paved streets for driving and cycling, its splendid public buildings and residence portions all go to present attractions which cannot but be greatly enjoyed. Its profession is an exceedingly hospitable one. The season of the year is the very best in which to visit that section of country. Niagara Falls and vicinity and the river are to be seen at their very best the latter part of June, while nature in the fullness of her glory presents such attractions throughout western New York at that season as to guarantee to us all a restful, pleasurable and profitable experience.

It seems hardly necessary to urge upon the homeopathic profession a greater attendance upon the American Institute. At the meetings of the national association the very best talent of the United States is gathered. The best thoughts of our brightest minds are put upon paper for this occasion, and the very best discussions to be heard at any medical meeting are ours to enjoy. The creme de la creme of the profession make the American Institute a medical body without a superior. It is commonly agreed that its personnel is far superior to that of any other medical gathering held in the United States from year to year. It cannot but be profitable to all who attend; it is always enjoyable, and it has always seemed to us to be matter of duty to ourselves and to our professional interests that we should attend the Institute meetings and help mold the policies of our profession for the United States.

If the young men who are just starting in the profession could be brought to appreciate how great the advantages certain to accrue unto them by attending these sessions the membership would be augmented immensely; and if the "busy practitioner" and stay-at-home man could be brought to know how greatly he can be improved and how much enjoyment he can get out of coming in contact from year to year with the great students and teachers and authors of the homeopathic profession it is doubtful if under any circumstances he could be induced to remain away from these annual conventions.

Special efforts are being put forth to increase the membership of the Institute and great efforts are being made to so reorganize its work that the very best of both professional and social advantages are to be enjoyed at this and subsequent meetings, without friction or conflict.

Put us all off at Buffalo this year!

HOMEOPATHY'S INSANE ASYLUMS.

Not many years ago we had but one public insane hospital, that at Middletown, New York. And this had almost to be given to the state to induce it to adopt homeopathy in the treatment of the insane.

After a few years came the Westboro, Massachusetts, hospital, our colleagues in that state having taken courage from the results in New York. When the opportunity came, through a change in regard to the state's institutions, whereby it became possible for them to make a strike, we secured the former reformatory at Westboro for an insane hospital.

Then Michigan gave Dr. Long in charge of the asylum for the criminally insane at Ionia, although this institution has never been formally placed under the management of our profession, except as Dr. Long has filled the bill so well that the state has seen fit to keep him uninterruptedly in charge.

Our next successful effort was in Minnesota,

whereby we came in possession of the Third State Insane Hospital, located at Fergus Falls.

Next came California, which in 1893 assigned us the new Southern California Insane Hospital at Highlands, near San Bernardino.

Last year Gov. Holcomb, of Nebraska, appointed a homeopathic superintendent for the Norfolk asylum, but he was not kept long in charge, having been removed for political reasons. We still have the assistant superintendent there.

Late in 1896 Gov. Altgeld appointed Dr. J. A. Vincent superintendent of the Western Hospital for the Insane, at Rock Island, Illinois, but the buildings are not yet finished, and as Gov. Tanner took the reins of office in January and last month appointed Dr. W. E. Taylor, of Monmouth, superintendent for the next four years, Dr. Vincent was not fairly inducted into office when his successor was chosen, because of a change in the politics of the state.

We must not overlook Collin's Farm Hospital, in Erie County, New York, the ground for which was secured for us during Gov. Flower's administration and which is now building. When completed it will be one of the finest public institutions under control. And so we have now two state asylums in New York.

Our last acquisition was told of last month—the Missouri asylum, at Fulton. It is the oldest and largest in Missouri, and the allopaths made a stubborn fight to keep us out of it.

Thus, as will have been seen, we have now two state insane hospitals in New York, one in Massachusetts, one in Michigan, one in Minnesota, one in California, one in Illinois and one in Missouri.

Efforts are now being made to secure asylums in Kansas, Nebraska and Pennsylvania, and it is understood Indiana is also in line. In Pennsylvania we were voted such an institution last year but the bill was vetoed by the governor, not because he did not wish to have the new hospital, but because the treasury would not warrant its building at that time. This year we would most certainly have secured it but for the burning of the state capitol, and we may secure it anyway. If not now we shall not have to wait long for it.

This is a splendid showing, one of which we may well feel proud. Let us take courage. We are doing excellently well in the way of securing our just rights before the law. If we but cling to the strait and narrow way of true homeopathy and fall not by the wayside into crude drugging methods and proprietary treatments for the state wards placed under our care we shall soon make such a comparative record as will surely secure to us still more state insane hospitals.

The Medical Century takes pleasure in giving reports from several of our public and private hospitals in this issue, together with some illustrations of buildings and grounds and a frontispiece of asylum superintendents. It had been the intention to make this number largely an insane hospital number, but some of the descriptions and illustrations promised have not been forthcoming, hence the limited space and prominence given to the subject. It is enough, however, to awaken interest in the topic, and it is hoped it will prompt our colleagues in other states to arouse to the necessity and desirability of making effort to secure for themselves such state hospitals as they may be able to win to homeopathy by legitimate educational effort and by means of legislative or gubernatorial assignment.

ILLINOIS STATE MEETING.

The Illinois Homeopathic Medical Society held a very successful session at the Tremont House on May 11, 12, and 13. The attendance was larger from the country districts than the last meeting held in this city, while the local profession were a little slow in getting out to the sessions, the average, however, being very good.

The president, Dr. J. B. Dunham, called the meeting to order on time in every instance, and held the respective bureaus, with one or two exceptions, to their time-limit, in this way preventing the confusion that occurs so often at medical society meetings. The general tone of the papers was good. The discussions, while not as general as they might have been, were mostly practical. The routine business of the session was disposed of with little friction, the meeting being in every sense harmonious and proper. The president's address was brief and pointed, containing many sensible suggestions. It was especially gratifying to a large majority of those present to have him express himself as opposed to examining-board legislation.

Dr. J. A. Vincent, who for a good many years has been chairman of the legislative committee of the State Soicety, read what he chose to style his valedictory. His closing remarks were attended by some evidences of disappointment and bitterness toward members of the profession who were unable to bring themselves to agree with his views on this subject; but it was clearly demonstrated by the approval which attended the remarks of subsequent speakers that the association was not in harmony with the thought of the examining board-plan of control, and approved the failure of either of the bills before the legislature of this session to become laws.

Resolutions endorsing Gov. Tanner for having appointed a homeopathic superintendent to the Western Illinois Insane Asylum and a homeopathic superintendent to the Lincoln Home for Feeble Minded Children were adopted.

The society voted to hold its next session at Rock Island, one of the inducements lying in the fact that the new asylum will be occupied at that time and thus the profession will be given an opportunity of visiting and inspecting an Illinois insane hospital under homeopathic management.

The unanimous election of Dr. Cowperthwaite to the presidency was a graceful acknowledgment of the satisfaction of the profession of this state upon

his return from his northwestern field of labor to his boyhood home. Dr. Cowperthwaite began practice in Illinois twenty-eight years ago.

The election of Dr. P. H. Wessel as first vice president was practically an endorsement of his appointment as a member of the state board of health by Gov. Tanner, while the continuation in office of Dr. W. W. Stafford as secretary is looked upon as a just recognition of his abilities as successor to the late lamented Dr. W. A. Dunn.

UNION IN CLEVELAND.

The Cleveland colleges have united. This is news which will be hailed with satisfaction by every lover of higher medical education in the homeopathic profession and by every lover of peace and good-fellowship. The Cleveland University of Medicine, the old college, and the Cleveland Medical College, the new college, have consolidated under the happy name of the Cleveland Homeopathic Medical College, the union having been effected on the 27th of April, after careful consideration of all the questions and interests involved by the trustees and officers of both institutions. Property questions have stood in the way of union for a year or more, and these adjudicated the faculties have no difficulty in coming together in a spirt of amity and good-fellowship that might well be indulged by other cities.

Both Cleveland colleges had excellent properties, located on the same square, backing up against each other, with only an alley between, both using Cleveland's splendid homeopathic hospital as necessities demanded. At the consolidation meeting the financial issues of the two institutions were pooled upon a basis agreeable to both, a new constitution and by-laws were adopted, the name given above was chosen, the trustees of the two colleges were consolidated and officers chosen alternately from the two, and a committee consisting of Drs. Jones and Baxter from the new college and Drs. Phillips and Pomeroy from the old college was appointed to name a faculty for the consolidated school.

This is a most commendable union. There has been small need for two colleges in our sister city. All hail to the good sense of the Cleveland profession! Personal interests have not been allowed to weigh against the public good. The united faculty will make one of the strongest in the United States, and we now expect to see Cleveland, more than ever, take high rank as a medical college city.

Chicago and Kansas City might well pattern after Cleveland. One all-powerful homeopathic college in this great city would be better by a thousand fold than the half-dozen schools now rivalling each other, not always in healthy rivalry, either, for the student-timber in sight.

ANOTHER ACCEPTABLE ANNOUNCEMENT.

Last month we were able to announce that Dr. W. A. Dewey, the well-known and practical materia medica writer, would assume control of that department of the Medical Century. This month we are able to announce that Dr. J. Richey Horner, recently of Allegheny and Pittsburg, and now of the Middletown Insane Hospital, will assume charge of a special neurological department in this journal. Dr. Horner has already identified himself with the Medical Century, in his former letters from Pittsburg, his correspondence from London, and his special report of the meeting of the International Homeopathic Congress last August, as also by his reports from Middletown for this issue. He has been spending the better part of two years in special preparation for neurological work, a year abroad followed by several months at the Post-Graduate School, New York, and now as a member of the staff of the Middletown Homeopathic Hospital for the Insane will have unusually excellent opportunities whereby he will be able to make his department an exceedingly practical and valuable one. Dr. Horner's first contributions in the new department will appear in the July issue. It will be his effort to make them especially practical in the adaptation of the homeopathic remedy to the various neurological diseases and conditions met with by the general practitioner.

REDUCTION IN PRICE.

Owing to the fact that a number of single volume works on surgery issued by old school publishers are offered at a price considerably lower than the Homeopathic Text-Book of Surgery has been sold for it has been learned that many of the students at homeopathic colleges have been led to select those works instead of our own, because of the difference in value, and it has therefore been decided so to reduce the price of the Homeopathic Text-Book as to obviate this necessity.

We firmly believe it to be the duty of every homeopathic doctor to send his students to homeopathic colleges. We believe, also, that it is the duty of the colleges to adopt, in every instance possible, homeopathic text-books for homeopathic students. And we also believe that preceptors and students should in every instance select only homeopathic books for works of study and reference in fields in which our literature is up to the standard.

With this thought in mind the price of the Homeopathic Text-Book of Surgery has been reduced from $9 in sheep and $10 in half morrocco binding to a uniform price of $7 in either binding. Moulin's Surgery, one volume, has a selling price of $9; the American Text Book of Surgery, a single volume work, of $7 and $8, depending upon the binding; Park's System of Surgery, two volumes, sells for $12 and $15, while Dennis' System of Surgery, four volumes, sells for $24 and $28.

The Homeopathic Text Book of Surgery is the largest and most complete single volume on this subject. It will therefore be seen that at a reduced price it has the advantage of being the cheapest as well as the best of all single volume surgeries.

WHAT WATER SHALL WE DRINK?

In cities during the summer season the subject of potable water is one of the greatest importance to the people. The same may be said to be true of towns of moderate size, since water for domestic purposes is usually obtained from one or two sources of supply—either public waterworks or from surface wells. Both sources are subject to contamination. The great danger in the large cities is from pollution by sewage, while in the cases of the smaller towns the chief danger lies in contamination from sweepage from vaults, barns, cow-yards and other like sources of pollution. It has come to be recognized that typhoid fever is almost invariably due to contaminated water, and many of the summer diseases may arise from this cause either by the direct use of water or by milk from cattle which have been drinking an impure quality.

In Chicago the unusual rains of this spring have several times caused reverse-currents in the river, which have floated the city's sewage out into the lake. This happens several times each year, and will doubtless continue to occur from time to time until the completion of our great drainage canal. The very best portions of Chicago, especially Lake View and Hyde Park, have suffered seriously several times with outbreaks of typhoid fever from water pollution, and what has happened in the past is certain to happen in the future until such time as the waters of the lake shall be pouring in volume through the river and carrying its sewage into the Mississippi. How important, then, and especially during the summer season, that only the purest of potable water be used for domestic purposes.

Just how to obtain this has always been a problem. It is still an open question whether the waters brought here from the Wisconsin springs meet the requirements. Waukesha, so celebrated for its numerous artesian springs, is one of the towns of Wisconsin in which typhoid fever is known to prevail. The same is true of other towns essaying to furnish drinking water; and while it is better to use the bottled waters from Waukesha, Geneva and other places securing their supply from subterranean sources than to rely upon city water, it is also true that these are not always of the highest grade of purity, nor are they so accessible and inexpensive as to make them available for domestic purposes among the people at large.

It would seem that the greatest degree of security from sickness from impure water lies in the use of distilled water. Among the poorer classes this can be secured by the use of any one of a number of contrivances now on the market, while for those able to pay for water delivered daily at their doors the distilled water from artificial ice works best answers the purposes. By the process of distillation impurities are destroyed, while by modern process of aeration such water is rendered palatable—free from that flatness of taste so noticeable in distilled water generally. Furthermore, the cost of distillation, especially when the process is carried on in connection with the manufacture of artificial ice, is so moderate that distilled water is easily brought within the reach of people of even moderate means; the absolute safety which attends its use surely commends it.

Another advantage to be obtained in the use of distilled water that should commend it to the medical profession lies in the exactness with which it can be medicated to suit the necessities of patients seeming to demand the use of mineral waters. For instance, in subjects in whom lithia water is required it is often the case that the quantity of salt contained in this water is greater than the patient's system can appropriate to advantage. Especially is this true in homeopathic practice. By using distilled water as a medium there can be a scientific precision about the administration of the salts from lime, lithia, soda, potassa, silica, magnesia, manganese and other ingredients of mineral springs water that should commend this method of administration. Even though distilled and mineral springs water be accepted for use, it will still be found convenient to dilute them in cases of children and delicate subjects by means of the addition of the proper quantity of distilled water—to so modify their chemical composition that the ill effects of large quantities of salts are obviated.

Operating upon the principle adopted in preparing "modified milk" it will be easy so to "modify" the chemical constituency of mineral waters, by using distilled water as a base and adding only such salts as are desired in individual cases, as to secure a degree of precision and scientific accuracy not belonging to the indiscriminate use of mineral springs waters. Of the value of the latter in a great many cases there can be no question. Yet just how much the solid ingredients vary from season to season is difficult to know; while by using distilled water and adding the exact quantities of salts desired the physician is better able to observe accurately the effects of these ingredients upon the human system.

It is hardly possible that our larger cities will ever be able to supply an absolutely pure water. More or less contamination is almost certain to attend all large water-supplies; and while Chicago is as safe in this direction as any city in the world with the single exception, perhaps, of Berlin, except when heavy rains force the current of the river back into the lake, yet those of our people who are able to insure immunity from disease from this cause can more nearly approximate absolute safety by the use of distilled water than by the use of any other.

Dr. Charles A. Davis was operated by Dr. T. L. Macdonald the latter part of April for femoral hernia. He attributes his misfortune to bicycle riding. He has made a good recovery and resumed work.

Dr. Henry Krogstadt, Washington, promises an early and practical paper for the pages of the Medical Century.

Editor's Table.

GENERAL NEWS NOTES AND COMMENTS.

Dr. J. M. Reid has located at Fort Scott, Kan.

Dr. Clark N. Slarry is located at Webb City, Mo.

Dr. A. W. Hinman has removed from Chicago to Dundee, Ill.

Dr. L. A. Shultz, Chicago, has moved to 6249 Monroe avenue.

Dr. Paul Rudorf, of Fullersburg, Ill., sailed for Saxony, May 11th.

Dr. R. B. Leech, recently of Paris, Texas, has located in Minnesota.

Dr. T. S. Hoyne, Chicago, will spend a portion of the summer in Europe.

Dr. T. A. Cheal, Hering, '97, has located at Owensboro, Kentucky.

Dr. E. H. Pratt, Chicago, has returned from a visit to the Pacific Coast.

Dr. and Mrs. C. Gurnee Fellows, Chicago, will spend the summer abroad.

Dr. Chas. Lowry, Topeka, has removed from 222 West Sixth street to 809 Kansas avenue.

Dr. S. L. Blair has removed from Holden to Trinidad, Colo., with offices in the Masonic Block.

Dunham Medical College, Chicago, has received recognition by the Illinois State Board of Health.

The Washington State Homeopathic Medical Society will meet in Tacoma on the 10th of this month.

Dr. J. A. Hemsteger has removed his office and residence to No. 255 Oakwood boulevard, Chicago.

Dr. T. L. Macdonald, of Washington, entertained Dr. C. E. Walton, of Cincinnati, a few days last month.

Dr. C. G. Dwight has removed from 3054 Calumet avenue, Chicago, to 128 Wisconsin street, Milwaukee.

Do not forget the approaching meeting of the American Institute of Homeopathy at Buffalo on the 23d instant.

Dr. Philip Krichbaum has succeeded to the practice of his brother, Dr. J. W. Kirchbaum, at Somerset, Kentucky.

Dr. M. W. Waldron, nee Miss Westwood, of Hering, class of '95, is located at 18 Church street, Lynn, Massachusetts.

Dr. N. O. Brenizer, Austin, was recently appointed surgeon for the Texas Division of the Travelers' Protective Association.

Dr. J. M. Lee, of Rochester, New York, spent several days early in May with Dr. T. L. Macdonald, Washington's surgeon.

Dr. O. G. Tremaine, for three years past resident in Chicago, has removed permanently to his boyhood home, Webster City, Iowa.

Dr. George N. Pratt, Jr., has taken a residence and office at No. 127 Fifty-first boulevard, Chicago, with city office at 100 State street.

Dr. F. A. Clapsadel graduated at the Cleveland University of Medicine and Surgery in April and has since located at Akron, Ohio.

Dr. F. C. Titzell, Chicago, has been appointed surgeon of the Calumet Electric Street Railway line and has removed to 6427 Monroe avenue.

Dr. C. W. Baird has bought Dr. Grant Freeborn's private sanitarium at Beatrice, Nebraska, Dr. Freeborn locating at Waterbury, Connecticut.

Dr. S. H. Aurand, formerly at Freeport, has located in Chicago, occupying the office and residence of the late Dr. Knoll, on Washington boulevard.

Dr. H. M. Marsh, Danville, Kentucky, has disposed of his practice to Dr. J. W. Krichbaum, late of Somerset, and has gone to Colorado Springs to live.

Dr. O. S. Runnels, Indianapolis, is being ensconced in the most attractive suite of offices of which we have knowledge in any city in this country.

The Cincinnati Herold for the 25th of April contains a full front page of illustrations of Pulte Medical College, its faculty and graduating class for this year.

Dr. O. B. Morse, Atlanta, Ga., visited Chicago recently. He also spent a season in review at the Hahnemann college post-graduate course, Philadelphia.

Dr. L. C. Grosvenor, Chicago, suffered a stroke of hemiplegia last month and was seriously ill for a time. He is rapidly improving and bids fair to recover.

Under date of May 6th, Dr. H. E. Beebe, a member of the Ohio State Board of Registration, affirms that the Ohio medical law has not been pronounced unconstitutional.

Dr. W. S. Harvey, Chicago, suffered a violent attack of facial erysipelas the latter part of the winter, his illness necessitating a vacation at Asheville, North Carolina, for a month.

Colorado attempted a new medical bill this spring conceived in a spirit of selfishness and calculated to be unfair to all but the allopathic school of practice, but it was defeated in the senate.

The Southern Journal of Homeopathy in commencing its fifteenth volume has adopted a new style of make-up and type for some of its departments and has been reduced in size.

The St. Paul Society of Homeopathic Physicians and Surgeons celebrated the 142d anniversary of the birth of Hahnemann on Monday, the 12th of April, by a banquet at the Windsor Hotel.

For the first time in the history of Mt. Clemens, Michigan, styled the "Carlsbad of America," one of the resort hotels, the Riverside, is placed under the control of a homeopathic physician.

Dr. Curtis M. Beebe, Chicago, is so broken down in health that he has disposed of his practice to Dr. E. C. Sweet, and will leave for Los Angeles, to make that city his permanent home, very soon.

Mrs. Dr. Heegard, of No. 666 La Salle avenue, Chicago, sailed from Montreal for Liverpool on May 8th, chaperoning the Misses Lindbloom. Dr. Heegard will be absent about eight months.

The American Homeopathist for May, Dr. Frank Kraft editor, contains a rather spicy and accurate recitative account of the recent legislative contest before the Homeopathic Medical Society of Chicago.

Dr. Orrin L. Smith, Chicago, has succeeded to the sub-clinic on the throat and nose lately presided over by Dr. Dunn, and will spend the summer in Europe at the hospitals qualifying for the work of the clinic.

The latest candidate for journalistic favors is the "American X-Ray Journal," hailing from St. Louis, under the editorship of Dr. Hebar Roberts. The first number, May, is illustrated by several instructive skiagraphs.

Dr. T. Griswold Comstock, St. Louis, did not, after all the journal announcements to the effect that he did, spend the winter in Italy. He was deterred from the journey by the inability of Mrs. Comstock to accompany him.

Dr. Arthur D. Patton, Montreal, who has succeeded admirably in practice since locating in that Canadian city, is announced to marry Miss Hanson, of the Homeopathic College Hospital, this month.

Congratulations are extended by the Medical Century.

Homeopathy has another victory to record at Mt. Clemens, Michigan. The health office and the office of the city and county physician have again been placed in the hands of a homeopath; and in the face of persistent and determined opposition.

Dr. O. S. Runnels, Indianapolis, announces the removal of his offices from No. 50 Monument place to the northeast corner of Meridian and Ohio streets, with Dr. C. B. McCulloch, late resident of Cook County Hospital, Chicago, as his assistant.

Pulte Medical College, Cincinnati, is putting her buildings in first-class shape by making necessary changes in interior arrangements for the better utilizing of her growing clinics. The whole of the first floor will be given up to clinical rooms in the future.

Dr. J. S. Hodge, of Pasadena, Cal., spent a few days in Chicago recently, and has since gone east for a review vacation. Dr. Hodge is proprietor of a surgical and gynecological hospital in Pasadena. He was in attendance upon the Illinois State Society meetings.

The homeopathic department of the University of Iowa is first on the ground this spring with its annual announcement. It shows a good history and a successful institution. And all because the profession of Iowa, no matter what their personal grievances, are a unit for their state school.

Halsey Bros. & Co., Chicago, removed May 1st to No. 65 Washington street, between State and Dearborn, their change of location having been made necessary by their constantly increasing volume of business and the demands of the city profession for a more central and convenient location.

At the recent meeting of the Ohio State Homeopathic Society, held at Akron, Dr. W. A. Geohegan, of Cincinnati, was elected president; Dr. F. O. Hart, of West Unity, vice president; Dr. R. B. Carter, of Akron, secretary; Dr. T. T. Church, of Salem, treasurer. The next annual meeting will be held the second week in May of 1898 at Columbus.

The reorganized American Ophthalmological, Otological and Laryngological Society will be held at Buffalo on June 23d. Papers have been promised from Drs. C. M. Thomas, J. A. Campbell, F. Park Lewis, H. P. Bellows, J. H. Buffum, George B. Rice, E. H. Linnell, D. A. MacLachlan, G. E. Teets, R. S. Copeland, C. Gurnee Fellows, and others.

Dr. F. F. Netherton, Clinton, Missouri, writes the Medical Century to send a good homeopathic physician to Windsor, Missouri. He says it is a good town of 2,200 population, on the M., K. & T. Railway, surrounded by excellent agricultural country, has six allopaths and no homeopath nearer than twenty-five miles. Mr. J. R. Chappell, of Windsor, will answer inquiries, as will also Dr. Netherton.

Mr. Wakefield, the Chicago representative of the Chadwick Two-Wheeler, advertised in this journal, tells us that the first issue of the journal containing the advertisement of this delightful vehicle brought inquiries about it from several different states, among them one from California. This is a superb vehicle, solid comfort itself, with absolutely no horse-motion—a fact to which our editor can and does most freely attest.

The excellent half-tone illustration of the Southern California Insane Hospital which appears in the current number of this journal was loaned the Medical Century through the courtesy of the Capital, of Los Angeles, of which Mr. C. S. Springer, of 218 North Main street, is manager and Mr. H. W. Patton is editor. The Capital is an illustrated paper of high class, which presents a great many interesting and attractive illustrations of Southern California industries and scenes.

The Michigan state senate voted down the proposition to remove the homeopathic college from Ann Arbor to Detroit by a vote of fifteen nays to ten ayes on the 19th ultimo. The state society voted by seventeen to five to ask for the removal, but the senate, acting on the same day, refused by the foregoing vote. And right they are. When but seventeen out of the four hundred and fifty homeopaths of Michigan care enough about it to go to the state society to vote for the recommendation it would not seem as if there were any great and burning desire to have the college moved. Now let the question drop.

Dr. J. T. Courtney, of Lockport; Dr. W. W. Gould, of Rochelle; Dr. J. D. Dickinson, of Galva; Dr. C. H. Long, of Pontiac; Dr. Sturtevant, of Morris; Dr. Coutant, of LaSalle; Dr. F. W. Gordon, of Sterling; Dr. J. W. Coyner, of Peoria; Dr. M. J. Hill, of Sterling; Dr. C. E. Colwell, of Aurora; Dr. Owens, of Elgin; Dr. W. A. Armstrong, of Springfield; Dr. Franklin, of Harvey; Dr. Nils Bergman, of Dwight; Dr. J. M. Downs, of Ottawa; Dr. A. A. Whipple, of Quincy; Dr. C. E. Sawyer, of Marion, Ohio; Dr. J. M. Ayers, now of Pasadena; Dr. J. L. Hodges, of Pasadena, along with many others whose names are not now recalled, were attendants upon the Illinois State Homeopathic Society meeting in Chicago last month.

At the Iowa state meeting held at Sioux City last month the following officers were chosen for the ensuing year: Dr. J. L. Hanchett, Sioux City, president; Dr. A. M. Linn, Des Moines, first vice president; Dr. C. E. Walters, Cedar Rapids, second vice president; Dr. P. J. Montgomery, Council Bluffs; Dr. George Royal, Des Moines, treasurer. The next annual meeting will be held in Des Moines in May, 1898, the dates to be selected by the executive committee. It is hoped the committee will see that they do not conflict with Illinois State Society, which meets on the second Tuesday, Wednesday and Thursday of each year. The dates are fixed by by-laws and the membership seems indisposed to change them, though several of us would like to attend the Iowa society if the dates did not conflict.

The meeting of the Illinois Homeopathic Medical Association Wednesday evening was devoted to the Bureau of Physiology, Histology and Pathology, under the chairmanship of Dr. Emmet L. Smith. This bureau instituted something new and interesting by giving a microscopical exhibit. It is said that this was the first time such a plan was ever instituted in a medical society. All the homeopathic colleges were well represented, and many of the members brought their microscopes. By invitation of the chairman the Illinois State Microscopical Society was present and joined in the exhibit, thereby helping to enlarge the field in which the microscope can be used. The work of the exhibit was divided into sections, with experts in the different lines in charge. In the histological section Dr. D. S. Hamilton exhibited seven select slides, while Drs. G. F. Washburne and A. C. Halphide exhibited over thirty pathological specimens which afforded an excellent opportunity for comparison. Drs. E. G. Davis, A. E. Thomas and A. Gehrmann had a good collection of bacteria. Dr. W. H. Knapp exhibited an excellent specimen of "madura foot," besides seven other interesting slides. Dr. C. J. Swan had a collection of eye sections. Dr. A. C. Croftan exhibited a slide showing the blood in uric acid diathasis, and Dr. V.

A. Latham the blood in leuchemia, as well as several very excellent microphotographs. Dr. W. A. Evans showed an excellent specimen of plasmodium malariae. Dr. Clifford Mitchell had specimens of tube-casts and connective-tissue in the urine. Dr. J. A. Wesener exhibited some urinary crystals. Dr. W. C. Wise exhibited cross sections of teeth, as well as some in the embryo jaw. W. B. Day, J. Hoehehn, Philip H. Mallen and others exhibited botanical and chemical specimens. Drs. Devoe and Belzar, of the United States Bureau of Animal Industries, brought specimens and exhibited methods used for the detection of trichina at the Union Stock Yards. B. F. Quimby exhibited the honey bee. Through the courtesy of the McIntosh Company there was present an electric light stereopticon, and by its use many excellent slides in several sections which it was impossible to show under the microscope were thrown upon the large screen and all were pleased to notice the clearness brought out from the actual slide. There were over one hundred microscopes in use during the evening, and the attendance was the largest of the session. Those who were present to enjoy the practical demonstrations were unanimous in their appreciation and heartily indorsed the innovation of the microscopical exhibit rather than papers and discussions.

ILLINOIS BUREAUX CHAIRMEN FOR 1897-8.

Medical Literature—J. J. Thompson, M. D., Chicago.

Sanitary Science and Hygiene—F. W. Gordon, M. D., Sterling.

Medical Legislation, Jurisprudence and Education—H. M. Bascom, M. D., Ottawa.

Neurology, Psychology and Electrology—T. C. Hood, M. D., Chicago.

Pediatrics—C. E. Colwell, M. D., Aurora.

Dermatology and Genito-Urinary Diseases—Howard Crutcher, M. D., Chicago.

Clinical Medicine—Chas. Gatchell, M. D., Chicago.

Ophthalmology and Otology—E. J. George, M. D., Chicago.

Materia Medica—H. C. Allen, M. D., Chicago.

Gynecology—C. B. Kinyon, M. D., Rock Island.

Obstetrics—Abbie Hinkle, M. D., Evanston, Ill

Surgery—H. Roy Chislett, M. D., Chicago.

Rhinology, Laryngology and Pneumonology—J. W. Coyner, M. D., Peoria, Ill.

Delegate to American Institute of Homeopathy—W. W. Stafford, M. D., Chicago.

Delegates to Inter-State Committee of American Institute of Homeopathy—C. E. Fisher, M. D., Chicago; Cora B. Stettler, M. D., Chicago.

Next meeting, Local Committee: C. B. Kinyon, M. D., Rock Island, and all the homeopathic physicians of Rock Island and Moline.

Press Committee—Chas. Gatchell, Chicago, and P. H. Wessel, M. D., Moline.

Committee on Resolutions on death of Drs. Dunn and Burt—A. K. Crawford, M. D.; H. V. Halbert, M. D.; and C. Gurnee Fellows, M. D., all of Chicago.

NEW YORK NEWS-NOTES AND ITEMS.

Dr. Clarence E. Beebe has removed his office to 62 West 37th street.

Dr. L. A. Opdyke of this city has a son and heir, a recent acquisition.

Dr. William Decker, recently of Kingston, N. Y., has moved to Buffalo.

Dr. H. M. Smith, treasurer of the Hahnemann monument fund, spent a good portion of the winter in California.

Dr. Eugene F. Hoyt has removed to 39 West 59th street. Hours, 8-4.

We are very glad to announce that Prof. F. E. Doughty continues to improve in health.

Dr. J. E. L. Davis will be one of the New York representatives at the American Institute at Buffalo.

Dr. F. Park Lewis, of Buffalo, N. Y., has recently moved his residence to 454 Franklin street, that city.

The Home for Old Men and Aged Couples at Amsterdam avenue and 112th street was formally opened early in May.

Dr. Porter, of Hartford, Conn., who has been spending the past two months in North Carolina for his health, died last week.

There was a "union dinner" of all the medical clubs in New York and vicinity at the Montauk Club, Brooklyn, on May 27th.

The Metropolitan Museum is to be enlarged by the addition of a building 300 feet by 100, at an estimated cost of about a million.

Dr. W. M. Van Baun, of Philadelphia, was present at the alumni dinner of the New York Homeopathic Medical College and Hospital.

The engagement of Miss Harriet M. Shelton, daughter of Dr. George G. Shelton, of 521 Madison avenue, to Dr. F. K. Hollister is announced.

Dr. J. M. Lee, of Rochester, and Dr. Park Lewis, of Buffalo, were in town on alumni day of the New York Homeopathic Medical College and Hospital.

Dr. and Mrs. Wm. S. Pearsall celebrated their third wedding anniversary on Saturday evening by giving a dinner and theater party to about twenty friends.

Dr. Charles Spencer Kinney has been appointed, under civil service rules, to be First Assistant Physician at the Middletown (N. Y.) State Homeopathic Hospital.

At a meeting at Dr. J. Lester Keep's house recently arrangements were consummated by the delegates to hold the Union Club dinner at Montauk Club, Brooklyn.

The Brooklyn Throat Hospital is in danger of being closed on account of faculty disruptions. Clinics have been discontinued since May 15th in all the more important departments.

Dr. E. D. Rudderow, late of Flower Hospital, has located at 233 West 83d street. Office hours, 10-12 and 6-7. Dr. Rudderow entertained the Dunham Club at dinner on Saturday evening.

The Infant Asylums on Randall's Island are the last institutions to be placed on the rack by inspectors. They gave out as a result of their inquiries that "nothing sensational had been discovered," but were as conservative in their expressions of approval as of disfavor.

Dr. Bukk G. Carleton will attend the American Institute at Buffalo this month. Returning therefrom Dr. Carleton will remain in New York until July 15th, when he goes to his country place, Pine Hill Farm, Whitefield, N. H., for the balance of the summer season.

New York physicians are the favored few who may wear anesthetics in their coat pockets since the recently enacted law which makes it a felony for any one but a duly licensed physician to have an anesthetic on his person for the purpose of administering it to another.

The firm of E. B. Treat & Co., publishers, formerly at No. 5 Cooper Union, New York, have moved to 241 and 243 West 23d street, near 7th avenue. Mr.

Treat has associated his sons William H. and Edwin C. in business with him, and has now in press several new publications for early issuing.

Dr. B. G. Clark will be in attendance upon the Institute meeting this month. Dr. Clark will also attend Dr. Pratt's course at Muncie Island, July 12 to 17th, inclusive, after which he joins his family at their summer home, North Charleston, N. H., for the remainder of July and August.

Hahnemann Hospital was the beneficiary of Mrs. Minnie Maddern Fiske's performance on May 4th at the Fifth Avenue Theater. The Free Bed Fund of the Maternity was the recipient of the proceeds.

The president of the Ladies' Aid Association of Hahnemann Hospital, Mrs. Howard Carroll, was responsible for a very successful water party in the interests of the Hospital the latter part of May.

Dr. E. H. Pratt's course in orificial surgery will be held during the first week in July at the summer sanitarium of Drs. E. H. and Lillie H. Muncie, on Muncie's Island, opposite Babylon, Long Island. The Drs. Muncie are constructing a new and beautiful sanitarium at this place which will be open for patients during the early part of the summer. Dr. Pratt's course will be both clinical and didactic, and will give our eastern colleagues opportunity to learn directly from the fountain source the philosophies and practices of orificialism.

The Western New York Homeopathic Medical Society held its annual meeting at the Rochester Homeopathic Hospital on Friday, April 9th. The attendance was fairly good. A number of excellent papers were read and discussed. Dr. Monroe Manges, Buffalo, resigned from the society, stating he did not wish to belong to any society for personal reasons. Dr. Sarah Howe Morris also resigned, it being her intention to engage in the treatment of inebriety by a secret remedy. A banquet was held in the evening, which was much enjoyed. An unusual feature was the announcement that Dr. A. R. Wright, of Buffalo, is to be made a candidate for the presidency of the American Institute at the Buffalo meeting, the members of the society being invited to support him because of the good he has done for homeopathy. The following officers were chosen for the ensuing year: President, Dr. W. H. Hodge, Niagara Falls; first vice president, Dr. P. W. Neefus, Rochester; second vice president, Dr. Julia Heywood, Rochester; secretary and treasurer, Dr. W. D. Young, Buffalo.

The alumni of the New York Homeopathic Medical College and Hospital set themselves about to have a good time on what they call alumni day, the day of commencement, the annual meeting of the alumni association and the banquet which followed it in the evening. As a prelude to the general entertainment Dr. A. B. Norton arranged a reception in honor of Dr. Chas. E. Walton, of Cincinnati, to take place on "alumni eve" at his residence, 16 West 45th street. About one hundred doctors were present, including all of those most prominent in our school in New York City, together with several from a distance, among whom were Dr. Wm. W. Van Baun, of Philadelphia; Dr. J. B. Gregg Custis, of Washington, D. C., who, by the way, is president of the Alumni Association and also president of the American Institute; Dr. G. Herbert Richards, and Dr. F. C. Burns, of Orange, N. J., and Dr. Chas. Kingsley, of White Plains. The morning of the 29th dawned clear and bright, just the day for a gathering of old friends, and at nine o'clock men from out of town began to gather at the college, and many friendships of long ago were renewed. Clinics were held at the college and hospital continuously until 2 p. m., when a generous lunch was set, after which they all went to the theater, where the commencement exercises were held. Several class reunions were held during the day, notably the classes of '82, '87, and '92, a feature of alumni day that should be general in the future, and which has been the means, already, of increased fraternal feeling. While, from the change to the four years' course that now takes place in all the colleges throughout the country, the class graduated is smaller than usual the class spirit was manifest in the well-filled house at the commencement exercises, and the young doctors were assured by the professors that what they lacked in numbers they made up in accomplishments. The business meeting of the alumni was called for six-thirty, at Delmonico's, and the large assembly rooms were soon so full that it was apparent that the meeting would be the largest in the history of the association. The usual routine business was transacted with expedition, and the following ticket for the ensuing year was announced as elected:

President—J. B. Gregg Custis, '78, Washington, D. C.

First vice president—George Royal, '82, Des Moines, Iowa.

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Promptly at seven-thirty the doors of the banquet hall were thrown open, and every seat at the numerous tables was quickly filled, and many who had neglected to order cards came late to find all the seats occupied; but Delmonico always has a full larder and small tables were set in the corners, so that no one was obliged to go away without being satisfied. Elegant as was the repast, and enjoyed by all, the greater luxury of the evening was to come in the form of post-prandial entertainment, prepared by the genial toastmaster, Dr. A. B. Norton, and when cigars were lighted, all were anxious to hear the gavel fall to call the meeting to order.

Dr. Greenleaf, the president, was brief, but in a few well-chosen remarks introduced the toastmaster, who, in his introductions, which were not too short to be without point, nor so long as to become prosy, proved that his selection for the position was a wise one. Prof. Helmuth was first called upon to speak for the Alma Mater, and his poem was undoubtedly one of the best of the many of which he has been the author. The applause which followed forced the worthy dean to bow his acknowledgments again and again. At this juncture, as the guests seemed to expect him to say something more, he said that Dr. Norton had proposed a plan for the good of the college that he wanted to give voice to, and to ask that it be adopted. The plan was that the mem-

bers of the association set apart a day in the year when they were to give one-half of the proceeds of their practice for the day to the college, to be applied to the liquidation of the mortgaged indebtedness now existing. Dr. E. H. Porter arose, with a resolution to that effect, which, being seconded, was quickly carried, and a committee appointed from the chair proceeded to convass for signatures, and nearly all present, even the guests, made themselves parties to the covenant by offering their signatures. A list of the toasts that followed will be found in the next number.

PENNSYLVANIA AND WASHINGTON NEWS-NOTES.

Dr. S. W. Sellen, Oil City, Pa., reports having had a heavy practice this spring.

Dr. and Mrs. R. L. Piper, of Tyrone, Pa., are the happy parents of a baby girl.

Dr. C. H. Brace, of Cumberland, Md., has removed to No. 51 Bedford street.

Dr. W. H. Jackson, Oil City, will attend the American Institute meeting at Buffalo.

Dr. F. A. Gardner, Washington, will have his new and elegant sanitarium ready for occupancy about June 1st.

Dr. J. C. MacCauley, of Rochester, Pa., is rejoicing with his wife over the arrival of a wee bit of womanhood at his house.

Dr. H. C. Chisholm, of Huntington, Pa., will resume his professional work upon the adjournment of the state legislature, of which he is a member in the senate.

Dr. J. W. Dehoff, of York, Pa., has his son in partnership in practice. The younger member graduated with honor at the Southern Homeopathic College of Baltimore.

Drs. M. W. and Grace Gardiner Smith, until April internes of the Massachusetts Homeopathic Hospital, have located at Oil City, Pa., with offices in the McCollom Block.

Dr. C. W. Perkins, of Chester, Pa., a valued subscriber to the Medical Century, has been appointed a member of the Chester board of pension examiners. Dr. Perkins is also a member of the Chester board of education.

Dr. H. M. Robertson, of Edgewood, Pa., was among the fortunate candidates for graduation honors at the Southern Homeopathic this spring. Dr. Robertson has returned to Edgwood for the immediate present, pending a permanent location.

Drs. J. S. Walters and F. E. Davies have opened new offices in the Liberty National Bank Building, Liberty, Pa. They have one of the most complete office equipments in the state, having recently added a static electric machine and an ozone and X-ray generator.

Dr. H. W. Champlin has removed from Towanda to Bloomsburg, Pennsylvania. In writing of his removal Dr. Champlin says that Towanda is an excellent field for a young man willing to work hard in general practice. There are but seven physicians, all told, in the town, which has a population of six thousand. It is also said by Dr. Champlin that a first-class surgeon is very much needed there.

A casual canvass of a good many physicians of Washington and other Eastern points show Dr. W. E. Green, the successful surgeon of the southwest, a favorite for the presidency of the American Institute of Homeopathy at Buffalo. Dr. Wright, of Buffalo, is also mentioned, as was also Dr. Walton until it became known that he was not to stand this year, and Dr. Bailey, of Lincoln, is also named. But the sentiment is wide-spread that Dr. Green has wrought such excellent service in the interests of homeopathy in a benighted section of the woods that he is entitled to the honor whenever his friends feel that his time is at hand. When he comes up Washington, Baltimore and the rural districts of Pennsylvania will be found to be in file for him.

CONNECTICUT NEWS-NOTES.

The State Society met at New Haven on the third Tuesday in May.

There are fields for two homeopathic physicians in East Hartford and Parkville, both good suburbs of Hartford.

Dr. C. E. Sanford, the senior homeopathic physician of Bridgeport, is looking for a younger man as assistant. This will be a good thing for the lucky man who gets it.

The homeopathic physicians of Hartford, Conn., and of the surrounding territory have organized the Dunham Medical Club of Hartford. The members meet on the fourth Saturday evening of each month at the house of one of their number, the guest of the evening furnishing entertainment for the body and for the mind, the latter consisting of a paper on some medical or surgical topic or the introduction of a discussion. The secretary is F. Hills Cole, M. D., Hartford, Conn.

Dr. Chas. Rowell, of the Connecticut legislature, is endeavoring to secure the passage of a more stringent medical practice act. He is not receiving the unanimous support of the profession, however; for, although the proposed measure is much needed, the doctors feel from past experience that the bill he favors calls for more than the legislature will grant at this time, while the less stringent one presented by the profession recently was virtually killed by Dr. Rowell's opposition.

Those physicians who have static machines, and who desire to use them in connection with X-ray work will be glad to learn that first-class tubes are now being made expressly for these machines by Green & Bauer, of Hartford. Tubes suitable for use with coils have proved unsatisfactory on six-plate or eight-plate static machines. These require good-sized tubes of high vacuum, with a distance of about two inches between the electrode and nine or ten inches between the ends of the tube.

Dr. E. L. Styles, of New Britain, has recently purchased a large house in that city and converted it into a sanitarium. In a newly added wing he has his suite of officers, separate rooms being used for prescribing, nose and throat work, and electrotherapeutics; on the upper floor of the new wing is the suite of rooms devoted to operating, anesthetizing and surgical supplies. This institution ought to supply a need in this state. Dr. E. L. Styles is associated in the management of the sanitarium with his brother, Dr. C. W. Styles.

A petition has been presented to the legislature praying that certain property in the city of Norwich, Conn., be purchased by the state and converted into an insane asylum, the insane hospital at Middletown not being able to furnish sufficient accommodation for this class of patients. Fairfield county is moving to have any second asylum that the state may open located in Bridgeport. The homeopathic physicians of the state are writing to the committee on humane institutions urging that the proposed institution be put under homeopathic control. The chairman of this committee is Dr. Chas. Rowell, of Stamford, himself a homeopath.

HOMEOPATHIC INSANE HOSPITAL SUPERINTENDENTS.

1—S. H. TALCOTT, M. D., MIDDLETOWN, N. Y. 2—M. B. CAMPBELL, M. D., HIGHLANDS, CAL.
3—GEO. S. ADAMS, M. D., WESTBOROUGH, MASS. 4—J. T. GREENLEAF, M. D., OSWEGO, N. Y.
5—O. R. LONG, M. D., IONIA, MICH. 6—GEO. O. WELCH, M. D., FERGUS FALLS, MINN.
7—J. T. COOMBS, M. D., FULTON, MO. 8—W. E. TAYLOR, M. D., MONMOUTH, ILL.
9—AMOS J. GIVENS, M. D.. STAMFORD, CONN. 10—EMMONS N. PAINE, M. D., NEWTON, MASS.

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Materia Medica.

A FEW REMEDIES IN MEASLES, WITH COMPARISONS.

BY W. A. DEWEY, M. D., ANN ARBOR.

This department is in charge of Prof. Willis A. Dewey, M. D., Professor of Materia Medica and Clinical Professor of Nervous Diseases in the Homeopathic College of the University of Michigan, at Ann Arbor. All contributions for it should be sent direct to Professor Dewey.—Editor Medical Century.

Aconite.—Aconite is one of the first remedies for measles, that is, while the case is presumed to be one of measles, and such symptoms as fever, restlessness, photophobia, coryza, sneezing and a hard croupy cough are present.

Ferrum phosphoricum in many respects is similar to Aconite and will take its place where restlessness and anxiety are wanting.

It is somewhat questionable whether Aconite will ever be strictly indicated in any disease depending on a poisoned or infected condition of the blood, since in its pathogenesis it does not show any evidences of such conditions; however, it may be indicated in the catarrhal irritation, sneezing, etc., before the case can be fully determined to be measles.

In catarrhal conditions Aconite ceases to be of use after exudation has taken place, and so in measles; it would cease to be of use after the eruption appears and the disease is diagnosticated as measles.

Ferrum phosphoricum will perhaps be the better remedy if there be chest involvement together with the catarrhal symptoms.

Gelsemium.—Gelsemium is, on the whole, a more useful remedy in commencing measles than Aconite; that is, it is oftener indicated; there is much chilliness, the fever is a prominent symptom, the child is dumpish, apathetic, does not want to be disturbed; there is a watery coryza which excoriates the upper lip and nose, and there is a harsh, barking, croupy cough with chest soreness and hoarseness.

Gelsemium, too, has an action on the skin and may be continued with benefit after the eruption has appeared; there is an itching and redness of the skin, and a decidedly measley eruption produced by it.

It has some aching in the limbs, and may be compared with Dulcamara, but hardly ever be mistaken for that remedy. Gelsemium has more coryza, Dulcamara more aching. Both may be useful in undeveloped eruption; Gelsemium when there is pain at the base of the brain, high fever and passive brain symptoms; Dulcamara when occurring from damp, cold air, rainy weather or sudden changes.

Belladonna may be indicated in measles when sore throat is present and the cerebral excitement indicating that remedy, together with moisture and heat; but it corresponds more closely to scarlet fever.

Euphrasia.—When the catarrhal symptoms greatly predominate Euphrasia may be used. Acrid tears stream out of the eyes, with a red and swollen conjunctiva. The cough is dry and very hoarse, and there is an intense throbbing headache which is relieved on the appearance of the eruption.

The excoriating discharge from the eyes will distinguish from Alium cepa. The photophobia of Euphrasia is worse in artificial light and a brightness of the eyes despite the catarrhal condition is characteristic.

Pulsatilla.—A little later in the disease Pulsatilla symptoms may make their appearance. The fever has subsided or entirely disappeared. There are coryza and profuse lachrymation. The cough is still dry at night but loosens a little in the day time. The child sits up to cough. There is much predisposition to earache and sometimes sickness at the stomach. The eyes aggultinate and the discharge is purulent.

Kali bichromicum is so similar to Pulsatilla in many respects that it may be mentioned here, as the two remedies seem to differ in intensity only. Kali bichromicum has pustules developing on the cornea. The throat is smaller and there is catarrhal deafness. It produces an eruption which closely resembles measles. It comes in very well after Pulsatilla when the patient develops more intense symptoms. Measles associated with ear symptoms and swollen glands especially calls for Kali bichromicum, and it is one of our best remedies for laryngeal affections with a hoarse, dry, croupy cough.

Arsenicum.—In measles which do not run a favorable course, in malignant types or black or hemorrhagic measles we have two or three important remedies. The first of these is Arsenicum. There will be sinking of strength, diarrhea, delirium, restlessness and debility, petechiae and general typhoid symptoms. The stools are particularly offensive and exhausting. Arsenicum may save the patient in these conditions.

Crotalus may also be indicated in the form known as black measles.

Lachesis is the third remedy for these conditions. The individual symptoms of each remedy will differentiate them, but all three should be studied carefully in these low conditions of measles.

Stramonium.—When the eruption does not come out properly, or when it disappears suddenly and grave symptoms appear, there are a few remedies which play a most important role. Stramonium is one of these. In a case calling for it you will find these symptoms: Non-appearance of the rash; the child is hot, restless, and on falling asleep cries out as if frightened; there are convulsive movements and the face is red.

Cuprum is indicated in convulsion due to reces

sion of the eruption. It has the same terror on awakening, but its symptoms are more violent than those of Stramonium and the face instead of being red is more apt to be bluish.

Zincum has the same awakening from sleep as if terrified, but with Zincum there is much weakness, the child seems too weak to develop the eruption.

Bryonia is useful when chest symptoms appear upon a retardation or a recession of the eruption. Too slow development of the eruption with chest symptoms calls for it.

Antimonium tartaricum is another remedy for retarded or repelled eruption. There will great difficulty in breathing, rattling of mucus, bluish or purplish face, drowsiness and twitching.

Bryonia.—This remedy comes in well when the rash appears late, or runs an irregular course, and when inflammatory diseases of the chest accompany. The cough is dry and painful, there are soreness of the limbs and body, stitches in the chest, etc.

For the chest complications a number of remedies may come into use. Sticta, if there be an incessant dry and spasmodic cough, worse when lying down and at night; it is a teasing titillating cough; Phosphorus with its dry, exhausting cough with oppressed breathing: Rumex with its short tickling bronchial cough worse from cold air, and Drosera with its whooping-cough-like cough may all be indicated in measles.

But it will be scarcely necessary to go outside of the foregoing individualized remedies.

Practice of Medicine.

WHOOPING-COUGH.

BY W. H. HANCHETT, M. D., OMAHA, NEBRASKA.

Pertussis, or Tussis Convulsiva.—This disease dates back as far as we have any knowledge of medicine. It is generally supposed to be of a catarrhal origin, and it has its peculiar germ or bacillus. This germ has been isolated, cultivated and classified. The disease ordinarily is of a light character and is looked upon as one little to be dreaded. However, if it takes on a more malignant type and develops numerous complications it may become very serious. It is like many of the contagious diseases in the fact that one attack usually confers immunity from it thereafter; this however does not always hold true in practice. It is also laid down by good authority that sucklings are immune; but at this writing I am treating a babe only two weeks old, suffering from a serious form of whooping-cough. I have also recently treated a case of whooping-cough in a man nearly eighty years of age, who remembers well of having had the disease in childhood. This has been of frequent occurrence in my practice; perhaps it only proves the adage of "Once a man and twice a child." The disease is ordinarily greatly aggravated during the nocturnal hours, and the exacerbations are nearly always during the night, oftentimes during sleep. A sudden onset of severe paroxysms of the cough will wake the little patient in an almost strangulated condition.

Stages.—The disease is generally divided into first, second, and third stages. During the first stage a slight hacking catarrhal cough will remind you of a simple cold, and during this stage the spasmodic character of the cough is usually wanting.

The second stage develops a paroxysmal character. In these paroxysms there is generally an expulsion of phlegm from the bronchial tubes, and often the patient will gag or vomit at the close of the paroxysm.

The third stage, or stage of decline, is very indefinite; if the patient contracts the disease in the early spring or summer it is as a rule very light and of only a few weeks' duration. When it is taken in the fall it is more than likely to last all winter.

Whooping-cough is peculiarly aggravated by cold weather and patients are always worse after breathing cold air.

Complications.—It is the complications of whooping-cough that sometimes make it very dangerous. The fact that the bronchial tubes are the receptacles of the bacillus of the disease and at the minute ramifications of these tubes throughout the lung tissues well as other lung diseases, makes whooping-cough yield so favorable an opportunity for pneumonia, as with its lung complications very serious.

In my practice I have found the complications of brain and cerebral troubles even more dangerous than those of broncho-pneumonia. I have even seen severe forms of cerebral convulsions resultant from whooping-cough. This is probably caused by a congestion of the cerebral veins, produced by the pressure caused by the persistent paroxyms of cough. Twice it has been my experience in the past sixteen years to see the cerebral complication develop the most malignant type of meningitis. These cases were in children of about six months of age; and here I may say that in this dreadful complication in nursing children there is but slight hope of recovery. It is even believed by many writers that in this peculiar condition blood-cots are formed in the brain, and in this way we may account for the coma which usually precedes death.

Another complication which often follows in children who are unable to retain nourishment on account of persistent vomiting is marasmus; this however is not common if the child is able to retain and assimilate his food.

Prognosis.—While whooping-cough is looked up on, as I have said previously, as only a mild disease of childhood he who has had wide experience as a general practitioner will be cautious in saying that the prognosis is in all cases favorable. My own experience has been such that I am frank to say I believe a child three or four months of age stands a better chance of its life in running the gauntlet of scarlet fever than of pertussis. It is with some pride that I say that during my practice of medicine I have never registered scarlet fever as the cause of death; but with humiliation I must add that with the complications which have followed this so-called mild disease of childhood I have lost more than one of my little patients. In truth I believe statistics will show that the mortality of children under one year of age is greater from whooping-cough than from either scarlet fever or measles. In our city we have recently been having an epidemic of this disease, but this far it has been of a mild type and in none of our cases during this epidemic have I met with the serious complications above mentioned; however, from past experience it has made me feel that we must watch our nursing children with the greatest zeal. There is no doubt that under intelligent homeopathic treatment this disease usually runs a mild course, and if taken early yields readily.

It is with pleasure that we may say to parents who so often ask us whether whooping-cough can be cured without running its full course "Emphatically yes!" Time and time again it has been my happy

experience to cut the disease short before the second stage has passed, hence, when we consider the tedious course it ordinarily takes and its dangerous and numerous complications and sequelae it is of inestimable value to be able to cure it in its early stages.

Treatment.—While I do not believe in routine treatment for any particular disease it is with candor that I say that the two most efficacious remedies that I have found in the treatment of whooping-cough are Drosera and Corallium rubrum. Times without number I have seen Drosera, given in the first, second, and third potency, cure the disease in from ten days to two weeks. Corallium rubrum has also been a very faithful friend, and has cured many of these cases where the paroxysms of coughing are decidedly worse at night, the child often going through the day without an attack of the convulsive paroxysm; the differentiation in Drosera being that the cough is more paroxysmal and frequent in the day time. Often these paroxysms will follow each other so frequently that the child cannot get his breath.

In Drosera there is rather more of the retching and vomiting of the ingesta, while the vomiting that follows Corallium is of a tough, glairy mucous.

Among other remedies which I have found to be of great service are Belladonna, with its characteristic of spasmodic coughing, causing the patient to cry; flushed face; congestion of the head; nose-bleed; rough, hollow cough; dryness of the larynx; dry spasmodic cough worse at night; tenderness of the throat; slightest motion causing paroxysms of the cough, with hurried and labored breathing.

Cuprum metallicum has paroxysms which are violent and long-lasting; face and lips almost black after long paroxysms of coughing, remaining so for some time; putrid mucus, raised especially in the morning, often tinged with blood.

Gelsemium, soreness of the chest when coughing; heavy and labored respiration; hoarseness; great dryness of the throat; severe convulsive cough.

Hyoscyamus, severe cough, causing a condition of hysteria; the patient thinks he will strangle; constriction of the throat, causing difficulty in swallowing; face bloated.

Ipecac, persistent vomiting; can retain no food; rattling in the chest; nose-bleed; cough worse at night; body rigid during cough; aversion to food.

Helleborous niger, brain and cerebral complications; child throws the head back and body becomes rigid; unconscious; effusions of water upon the brain; convulsive motions of left arm and leg; contracted pupils, with deep-seated brain trouble.

In the complications of marasmus I have found China of great value, as well as Arsenicum.

Adjuvants.—As to adjuvants and hygienic treatment it is purely a matter of common sense. In the warm weather the child should be kept out of doors as much as possible; long rides and walks are of inestimable value. During inclement weather of course it should be kept in a warm room well ventilated. The clothing should always be warm, and flannel should always be worn next to the body.

Food.—The food should be of the most wholesome character: always remembering that in the diet we should concentrate nutritious food as much as possible. It must be remembered that much of the food with patients suffering from whooping-cough will be lost by the persistent vomiting so characteristic in this disease. Milk is one of the best foods for small children, eggs and broth in older children. Oil-baths often prove of great value where marasmus is threatened. Where a slow convalescence follows any of the complications of whooping-cough a short trip, even though it may be only a few miles, will often prove of great value.

In closing I will say that the doctor who proves by careful prescribing that whooping-cough can be cured in its early stages will have won a reputation of no mean value, and will find that his neighborhood will appreciate the homeopathic treatment for what it is worth in cutting short the long and tedious course that this disease ordinarily takes, as well as by averting in many instances a fatal termination.

NOTE.—Dr. Hanchett's excellent contribution on Pertussis was lost on a railway train and has only recently been recovered. It should have appeared in the special whooping cough number of this journal.—EDITOR

PERTUSSIS IN RHODE ISLAND.

BY GEO. B. PECK, M. D., PROVIDENCE, R. I.

General Remarks.—Looking back twenty-one years I fail to discover in any case of whooping cough that has come under my observation any peculiarity that could reasonably be ascribed to climatic conditions, to composition of the soil or to defective drainage. The text-book type represents my entire experience. Whether some frisky microbe is or is not the ultimate cause of all the music that characterizes the disorder I know not, and I care not; for I recall not a single instance where the discovery of the specific bacillus has been of therapeutic value in the treatment of any disease. That any conceivable accident may befall the unfortunate victim at any time I willingly concede; also the possibility of the occurrence of almost any afterclap; but that these circumstances should particularly influence any article on the treatment of this or any other disorder I fail to see, although daily looking for instructions concerning the proper treatment of the lightning's stroke or a bicycle knock-down, or the yellow fever microbe as a complication of acute catarrhal rhinitis.

Supposed Specific Remedies.—The late Dr. von Gottschalck extolled Ciricum arvense as the specific for this disease, and I well remember the furor created by the introduction of Corallium rebrum—also the fame possessed in my boyhood days by Drosera rotundifolia. While I plead guilty to having prescribed each and all of these, in common with other overworked or lazy physicians (through physiological or empiric or routine considerations), I have always had my ears if not my head severely thumped with the emphatic reminder that if I expected to accomplish anything I must drudgingly select the remedy similar to the condition before me and give over undertaking to treat what exists merely as a figment of the imagination. We are all too prone to forget that any drug may be indicated at any time. Possibly the reason Drosera has lost its former prestige is that a change has occurred in the type of this disorder similar to that which, according to my observation, has obtained in bronchitis during my professional life.

Remedial Indications.—Concerning remedies it may be remarked that active febrile manifestations call for a few doses of Aconite; that the bronchial irritation has been allayed quite frequently with Belladonna 3x; that nausea and vomiting without marked exhaustion have been successfully met with Ipecacuanha 3x; but when the vomiting produced great exhaustion Arsenicum album proved more efficacious; when the disease is thoroughly established Mephitis putorius 3x, 6x, 12x or 30c may be looked

upon as a good general remedy, if one is unable to individualize more specifically.

I consider pilgrimages to gas houses dangerous practice. Too many people have been carried within their portals in at least a hopeful condition only to be removed dead to warrant such a prescription from me; still there are cases to which that remedy, like all others, is homeopathic.

Cresoline has proved of advantage in some instances precisely on the principle just referred to.

Many remedies are popularly employed with uncertain results, simply because their sphere has never been individualized. It would prove, I ween, more profitable to the world if the curators of its health would strive after some adequate knowledge of drugs already possessed than to seek after new medicaments, of which they can learn comparatively nothing.

It may be added that fresh out-door air exerts in ordinary cases a beneficial influence.

Complications—Our chief complications are epistaxis and ophthalmic inflammations, the latter at times proving quite serious. Occasionally the conjunctiva presents the appearance of red flannel. In no case, however, have serious results followed.

I have not read your special whooping cough number lest I might consciously or unconsciously purloin some ideas therein contained. G. B. P.

LESSONS FROM MISTAKES.

BY N. O. BRENIZER, M. D., AUSTIN, TEXAS.

It has been said that only the doctors bury their mistakes, an assertion that, while smacking of the crude, has in it some element of truth. It is the rule and not the exception that physicians are prone to parade their successes, but seldom, very seldom, do they speak of their mistakes.

The medical journals and societies afford ample opportunities for the airing of wise theories and wonderful cures, with the crudes and the cmms; and fanciful imagination, mistaken for wisdom, carries us to and at times a little beyond the Infinite.

It is an accepted truth that physicians have all made mistakes. It is not within the province of any man—or woman, either—to attain absolute perfection; especially is this true in a progressive science; and no one will contend that medicine is a perfected science, or, for that matter, that it ever will be.

The writer believes that the lesson evolved from a mistake is from its very nature more impressive than one deduced from a success; while naturally a distasteful and embarrassing method of obtaining knowledge, the fates do sometimes thus decree, and we have no alternative.

I once assisted an "eminent" in removing a tumor from the antrum of Highmore. The patient, a young lady, did nicely for three days, when tetanus quickly produced death. On opening the wound imagine our chagrin on the discovery of a hardened, bloody wad of cotton, the size of a thimble, imbeded deep in the wound, doubtless the cause of death, at least a bold witness of a glaring mistake.

Many mistakes are made in giving the patient too little time and attention; examinations are too hurried; the diagnosis is faulty; often that of parent or friend is accepted as correct. Prescriptions based on such loose methods are worthless to patients, and lamentably damaging to physicians. A few cases will illustrate.

Membranous Croup—A Fatal Mistake—Mrs. R. brought her four-year-old boy to my office late in the evening to get some "croup medicine;" apparently the lad was not seriously sick, had no fever, was strong and had been playing outdoors all day; but he was hoarse and had a slight cough. In attempting to examine his throat the violent kicking and screaming protest of the little fighter, backed by his mother's positive assertion, pitched in a voice high above the din of battle, "Oh, doctor, it is only croup; he has had it three or four days, and has been croupy all his life; there's no use to look in his throat," caused me to let up on the racket, tacitly acknowledge my defeat, and produce the desired croup medicine. Early the next morning I was hastily called to see the youngster, whom I found comatosed, and in a few moments he was with the angels. Had the true condition been ascertained the night before a life might have been saved. This was a lesson, bought by bitter experience, which ever after fortified me against carelessly stumbling into similar experiences.

A Morphine Mistake.—I was once called at night to see a strong, robust blacksmith who was suffering intensely with cramp colic and who imperatively demanded immediate relief. I injected morphia, prescribed the indicated remedy, and left, with the assurance that I would call early the next day. Returning in the morning Mrs. F. met me at the door, and, smiling, informed me that Mr. F. had rested quietly since the latter part of the night. By a peculiar coincidence two of my allopathic friends had arrived upon the scene but a moment before me, each ignorant of the other having had anything to do in the case. It took but a moment to ascertain that the patient was "resting quietly" under profound opium narcosis. A hurried consultation—during which the merits of big and little pills escaped discussion—developed that I was second best man the night before, the third having been called but a few moments after my departure; and each, in his turn, had used the fatal quieter. The duped trio made every effort to resuscitate their patient but within a few hours crape adorned the front door. The physician's certificate read "heart failure." Had Mr. F. been honest with his physicians, or had he let them entirely alone, he might have been living to-day; at least, he could have enjoyed dying respectably.

A Nasal Catarrh Mistake.—Mrs. B., a proud elderly lady, called at my office and gave me the story of her long suffering: Had been afflicted with "nasal catarrh" for many years; had been treated by physicians at home and abroad; used snuffs, washes, atomizers, smelling lotions, with internal treatment ad infinitum; spent hundreds of dollars, and received no relief. There was a continual dropping of a translucent fluid from one nostril, necessitating the constant application of the kerchief to her nose by day and a capacious cloth at night. In attending to her household duties, or while attending church, or walking on the street, calling on or entertaining her friends, the imperative duty of one hand was to support that ever-needful kerchief to the offending nostril. Indeed, her condition was annoying and many times very embarrassing. I instituted treatment and sent her away with instructions to call in one week. On her return I examined the case more carefully and found the affected nostril plugged with a cherry polypus. For obvious reasons I held on to the original diagnosis, but changed the treatment, throwing aside all local applications, and prescribed internally Sanguinaria and Teucrium. Improvement began at once, and inside of a month my patient was

happily rid of the catarrh. The mistake of my predecessors in the case was in accepting as correct the diagnosis of the patient. It is scarcely necessary for me to say that many cases of actual catarrh coming to me subsequently, on the strength of the above "phenomenal cure" did not respond so readily to treatment.

THE PLAGUE IN INDIA.

BY P. C. MAJUMDAR, M. D., CACUTTA, INDIA.

A year and a half ago this terrible disease invaded Hong Kong, the southern portion of China. There was a great havoc and the city was almost depopulated. In the latter end of the past year our fair city of Bombay was visited by this scourge, which still continues its unmitigated ravages.

They call it "Bubonic Plague," or "Pestilentia Bubonica," from the fact that in most part the glands in and near the groin are chiefly affected. As Bombay is far off from Calcutta, and as there is no homeopathic qualified physician in that city, I cannot at present give to your readers a full descriptive account of the nature and treatment of the disease. What I am going to write is gained from our friends in that city.

The city of Bombay may be styled as prince of cities in India, for it is beautifully situated in position and salubrious climatic influences. It is almost surrounded by sea and sufficiently clean in most parts of its locality. The so-called "native quarters" are no doubt dirty, but in comparison with other big cities of India it is not so unclean.

Historical Note.—Plague is of very ancient origin in this country. It is called Mohamari, or the great destroyer. In ancient medical literature of this country mention was made of it, and it was believed to be God's wrath. In the fourteenth century a beautiful placed called Gane, the Mohammedan capital of Bengal, was destroyed by this awful disease. In recent years its prevalence is recorded in various parts of this country. It is also of occurrence in many parts of Europe and America in recent years. I need not mention them here.

Etiological Theories and Factors.—We are at a loss to ascertain the causes of this outbreak in Bombay. It is said that it was brought from Hong Kong by steamer communications. I believe in the local cause, that is, the unsanitary condition of the place. Plague, like many other zymotic diseases, is both contagious and miasmatic. It is communicated through clothes and other effects of the infected persons. Overcrowding of habitation, ill-ventilation of houses, want of proper drainage for easy egress of refuse and other kinds of uncleanliness, all have much to do with its spread. In Bombay plague first broke out in places where there are no proper drains, and before the invasion of the disease no sufficient care was taken for cleansing these parts of the city.

History of Attack and Course.—We are told people apparently in good health suddenly take the disease. In some other cases distinct premonitory symptoms are noticeable. Headache, giddiness, utter prostration, general malaise are visible.

There is a very important group of signs and symptoms by which an adept can easily recognize the invasion of the disease. The peculiar pale, flabby and distorted countenance, lusterless eyes, and staggering gait of the patient at once point to the true nature of the malady. The tongue and gums are characteristic. Fever is the first signal. This initial fever is characterized by slight chilliness, but the subsequent heat is very great. In two or three days this fever assumes a typhoid character and graver symptoms make their appearance. After this the glandular system is more or less affected. The inguinal glands are oftener affected, but glands in other parts of the body are more or less affected also. It is for this reason that bubonic fever or bubonic plague is the name given to this disease. This inflammatory swelling of glands passes into suppuration, or in favorable cases resolution takes place. Some say that suppuration is good, but others deny this, and give it a most unfavorable import. Carbuncles, petechiae, parotitis and skin eruptions of various kinds are not uncommon.

We are told by some foreign writers that plague in India is simple adenitis, but I can assert that this is not so. It is attended with grave symptoms of blood-poisoning and typhoid conditions. Death in some cases is very sudden and in other times protracted. The mortality is very high, especially in the beginning of the epidemic. It ranges from sixty to eighty per cent. and sometimes even more.

There was a homeopathic physician at Bombay who gave me to believe that he had been able to save eighty per cent. of his cases under judicious homeopathic treatment. It was also communicated to me by a lay homeopathic friend of mine of that city that homeopathic medication certainly and decidedly gave them better results.

Homeopathic Therapeutics.—About the homeopathic therapeutics of this dreadful disease I speak with great diffidence, as I have not myself had the opportunity of treating a single case.

In the beginning of the disease Belladonna, Mercurius, Arsenicum and Baptisia are said to be useful, according to their proper indications. Sometimes they cut short the disease. Rhux tox. is also included in this class of remedies.

When buboes or glandular swellings take place Mercurius, especially Iodatus, Badiaga, Rhus tox. and Carbo animalis are of immense value.

Anthracin is cited as a valuable remedy in plague. I have observed its curative power in cases of carbuncles, whose nature as a blood-poisoning coincides with that of plague in the stage of glandular infection. A preparation from the pus of a bubo in plague called Loimine has been successfully used by Dr. Theolle.

In true typhoid conditions, with delirium, fury and hallucination, Stramonium occupies an important place. It has been successfully employed by my Bombay friends.

Dr. Hering says in suppurative stages Silicea is more useful than Hepar sulphur.

Sero-therapeutics is in great requisition in Bombay to cure plague. Professor Haffkine endeavored to cut short the disease by innoculating persons with his solution.

Dr. Yersin, a Japanese physician, has his own preparation, and he used it with apparent success in the beginning, but his subsequent results are deplorable. They claim superior power for their preparations, but practically they could not sustain their vaunted reputation.

I regret the want of thorough homeopathic treatment in the city of Bombay, and I am also sorry that nobody from Calcutta volunteers his service for the study of plague in that city.

A CASE OF CONGENITAL CRETINISM.

BY J. W. COYNER, M. D., PEORIA, ILL.

I wish to call attention to one of the most interesting cases it has ever been my good fortune to treat—a case which a few years ago I would scarcely have been justified in taking time to describe. But since the brilliant results obtained by the use of the animal derivatives it is not only interesting but very important that it should be recorded, in that it may help others to recognize this peculiar pathological condition and begin proper treatment early.

This child, when it came into my hands, was 23 months old. It was born in Peoria, and is the third child born to the parents. The first was a boy and still-born. The second, a boy also, was 3 years old at the time of the birth of this subject. This second child is well developed physically, bright and intelligent.

The father is 40 years of age, a photographer by occupation, and a man of exemplary habits, and of average height and weight. The mother is 38 years of age, and also of average size. Both parents are fairly well educated and possess a good degree of intelligence.

Of the grandparents, on the father's side the father was an asthmatic and died at about 65 with some lung complication during an attack of la grippe. The mother was subject to attacks of insanity and committed suicide during one of her periods of mental aberration. The wife's father died at 49 of malignant disease of the bladder. The mother still lives and is hale and hearty at 65. There is no hereditary disease in the family history as far back as we can ascertain.

The labor, the mother tells me, was long and hard, the physician making great traction upon the neck to assist in delivering the shoulders. The child weighed ten pounds. For the first few months nothing peculiar was noticed in its development. It nursed and grew as did other children; but when the infant smile and fond look of recognition that had greeted the mother in her other babe came not she began to realize that something was wrong with her child. Try as she might she could not provoke a smile nor attract its attention. As she would place it in its crib or on the bed so it would lie, unnaturally quiet for hours at a time, and pay no attention to her voice or efforts to amuse it.

Most of the time its eyes were closed and when open would stare vacantly about. As time passed its physical development began to attract attention. The features began to grow homely and repulsive. The lips grew thick and were always separated. The tongue was either protruding between the lips or raised to the roof of the mouth. The eyes were puffy and swollen and not more than half the natural size. It made no effort to sit alone or move its hands and feet. In every particular the child seemed dull and sluggish, and when nursing much of the milk would run out of the corners of its mouth. It showed no activity and was as limp and helpless as if dead. When it cried it would shut its eyes, open its mouth as widely as possible, protrude its tongue, take a deep breath, and emit a deep, grunting guttural tone.

This, in brief, is the history the mother gave me when the patient came into my hands at 23 months of age, and at the time when the first photograph (Fig. 1) was taken. It will be noticed what a disproportioned, pitiful looking object he was at this time. His height was 28 inches. The lips were thick, the mouth widely open and the tongue either protruding or raised to the roof of the mouth and pressed against the gums. The head was large, with a very prominent frontal bone, the eyes partially closed, due to a puffy, padded condition of the upper part of the face; he had no teeth; the hair was coarse and and wiry; the anterior fontanelle widely open; the

FIGURE 1.
Patient at 23 months of age.

nose short and stubby; the neck short and thick; the skin coarse and rough.

I have never been able to make out the presence of a thyroid gland, and I believe it is pretty well agreed among late writers on this subject that the condition is due to the absence of this gland, or, if present, it is dwarfed and functionless.

The lateral diameter of the chest was narrow and cushions of fat were found in the axilla and over and below the outer third of the clavicles; the arms were large and clumsy; the hands broad and the skin lay in folds over their anterior surface; the abdomen was full and very pendulous at times; its circumference was 19 inches. The umbilicus was large and extended fully an inch; the legs were short and thick and very much bowed; the skin lay in rough folds over the lower half of the femur and knee; the ankles were so weak that when the child was held on his feet they would turn inward; the breathing was hurried and the pulse rapid.

The child was beginning to show a little intelligence and by continuous effort his attention could be attracted and we could provoke a smile; but his laugh had that same deep, coarse, guttural tone that was so very marked when he cried. He never perspired, and the skin was always harsh and dry. He had for some time past, the mother tells me, been able to recognize her and its father.

I began giving him the dessicated thyroid gland of the sheep, P. D. & Co.'s preparation, June 10th last, five-eighths of a grain three times daily. I very soon discovered that the dose was entirely too large. The heart became very much excited; the temperature reached as high as 103 degrees. The skin, for the first time in the child's history, was bathed in profuse perspiration. The child became nervous, fretful and sleepless, and bowels very loose. On the 15th I stopped the remedy, and after two days the child began to improve and slowly recovered from its effects.

On the 25th I began with one-half grain daily and after two weeks increased it to three doses each day. Under this dosage the child again began to show physiological effects of the drug, i. e., rapid heart action, high temperature, free perspiration, very nervous, fretful, sleepless, and bowels loose and thin.

I again stopped the thyroid until he recovered from its effect, and then began giving two doses daily, of one-half grain. This amount could be taken

FIGURE 2.
Patient sixty days later.

without producing any bad effects, and it was continued until August 1st, when the second photograph (Fig. 2) was taken.

In looking at these pictures side by side, one can scarcely believe they are both of the same subject. But such they are, and were taken only two months and fifteen days apart. The greatest difference to be noticed is in the head and face. Instead of that idiotic expression seen in the first picture, in this gleams of intelligence are observable, and the homely, repulsive face has grown almost handsome. The head really looks to be smaller, yet the circumference is the same, eighteen inches.

The coarse wiry hair began to come out immediately after the child got the first physiological effect of the thyroid. It will be noticed that the puffy, padded condition of the face has disappeared and the features in every respect are more natural. The arms are no longer large and clumsy members, and the cushions of fat have gone from the axilla and vicinity. The abdomen has lost three inches in circumference and the umbilicus is very much retracted. The legs are beginning to assume proper proportions and are not so much bowed. The skin that lay in rough, ugly folds over the knee and lower part of femur is quite smooth and soft. The child is good-natured, playful and very fond of being entertained. He lives from the bottle and is now able to swallow milk without any of it running out of the corners of his mouth.

During July and August we frequently had to stop giving the medicine several days at a time because of its loosening effect upon the bowels.

During September he cut his first teeth—the upper incisors. As the weather grew cool I pushed the thyroid and there was gradual and perceptible improvement, both physically and mentally and by November 1st, when the third photograph was taken, the child was able to sit up and to push and follow a chair across the room. He cannot stand alone, but runs about from room to room in his walking chair. He has gained two inches in height; the abdomen has lost one inch more in its circumference, now measuring but fifteen inches, and the umbilical hernia has almost disappeared.

His improvement has been continuous and rapid and at the present time, after eleven months' treatment with thyroid, there is little evidence that would indicate that the child had been different from other children. His skin is soft, clear and smooth. The head is covered by a growth of soft, silky, light-colored hair. He has sixteen of his baby teeth. His face is bright and joyous. He knows and takes cognizance of all that goes on about him, is always in a good humor and always ready for a romp and play. He does not talk except to say "mamma" and "papa," but as treatment was begun quite early I hope his faculty of speech may yet develop.

The third photograph (Fig. 3) of our little patient,

FIGURE 3.
Patient after eleven months' treatment.

taken a few days ago, represents him as he is at the present time.

I shall keep the case under observation and report at a future time how lasting the benefits, so happily obtained, may prove to be.

Surgery.

THREE CASES OF DEATH DURING CHLOROFORM ANESTHESIA.

BY CURTISS GINN, M. D., DAYTON, OHIO.
ATTENDING SURGEON DEACONESS' HOSPITAL.

Within four years I have been present at three deaths occurring during chloroform anesthesia in the respective positions of assistant, anesthetist and operator. Each position has seemed increasingly harder to fill gracefully and philosophically than the last.

Nearly every medical man, physician or surgeon,

has at some time or other had an uncomfortable experience or two with chloroform.

Two years elapsed between the first and second of these cases, and almost exactly a year between the second and third.

Case I.—Mrs. G.; aet. 50; large, fleshy woman; admitted to hospital suffering from metrorrhagia. She was curetted several times within a month, each time taking the anesthetic—chloroform—very kindly.

This treatment proving unavailing, the patient was brought into the operating room for the purpose of having an abdominal hysterectomy performed, symptoms of carcinoma of the fundus having become more marked.

Chloroform was again used and, in perhaps the usual time, the anesthetist announcing the patient ready, she was drawn down to the foot of the table for the preliminary curetting and packing of the uterus.

Just at this period, however, the woman made several violent attempts at vomiting, in the midst of which she sank back pulseless and breathless.

All the restoratives and mechanical aids were applied in vain. The apparatus devised by Dr. Fell, of Buffalo, for artificial respiration was kept in use for over an hour, but all to no purpose.

The microscopical examination of the heart showed fatty degeneration was extensive; further I cannot say what the post mortem revealed, my notes being lost.

Case II.—M. F.; aet. 9; male; small, tuberculous-looking subject. Some weeks before had received a bruise above external malleolus of left leg, followed by pain, tenderness and swelling. The swelling was opened by the physician having charge of the case, and quite a collection of pus drained off. Small spiculae of bone continuing to be discharged, the patient was sent to the hospital for a necrotomy.

Upon physical examination no marked involvement of the lungs could be determined; cog-wheel respiration was present. The lymphatics, especially in the inguinal regions, were enlarged. Nothing could be found in any way wrong with the heart.

The patient was prepared in the usual way, chloroform administered, the patient taking it nicely, and in a few moments he was ready for the work to proceed.

The operation was nearly completed, the operator putting in the stitches to partially close the incision, when I noticed the little fellow make some ineffectual attempts to breathe; his face became dusky, and at the same time his pulse increased so rapidly that it was impossible to count it. After a few seconds it made one or two feeble pulsations and ceased.

Strychnia, brandy, artificial respiration, dilatation of the sphincter ani, and, as a dernier resort, the introduction of a very fine needle electrode into the cardiac muscle, the opposite pole being applied to the lateral cervical region, were resorted to. This last measure seemed to me to cause several contractions of the heart, but of this I cannot be sure.

Post-mortem examination revealed tubercles in lungs, but no abscess cavities. The visceral and parietal layer of the pericardium were densely adherent, caused, as I conjecture, by a former tubercular condition of the pericardium. The heart itself was normal in size, had stopped in systole, and the right ventricle contained a clot of fibrin, evidently ante-mortem.

The heart was already handicapped by the obliteration of its pericardial cavity, the right side especially so, because of the tubercular condition of the pulmonary tissue.

Under the influence of the anesthetic the right ventricle became unable to entirely empty itself, and the fibrinous clot was formed.

Upon allowing the chloroform to wear away toward the completion of the operation the action of the heart became stronger; part of the clot was detached and was washed into one of the larger branches of the pulmonary arteries. This sudden change in the pulmonary apparatus caused the gasping first noticed, the tumultuous action of the heart immediately following, being the effort of this organ to overcome the effect of the embolus.

Case III.—A. L.; aet. 38; male; face spare, and very nervous. Admitted to the hospital, suffering from an intense headache in the left temporal region, accompanied by impairment of memory, and progressive loss of sight for the past few months. There was no history of syphilis, nor any symptoms by which an intercranial growth could be localized.

Some two or three years before he had been hit in the temporal region of the left side by the arm of a crane, and claimed that these symptoms had come on gradually since that time. Medical treatment proving unavailing, so far as cure was concerned, he was transferred to my ward for operation.

At a consultation of the staff it was decided that trephining might relieve the symptoms of intercranial pressure. Physical examination revealed nothing in any way abnormal.

Chloroform was the anesthetic chosen, and while being administered the patient struggled violently, but came quickly under the influence. The anesthetist announced him ready, but as at the touch of the knife he struggled the chloroform was pushed a little farther and again he was announced "ready."

At this juncture, however, the man's face assumed the dull, ashen-gray appearance that will make every operator's heart stop. The blood dripped black and tarry from the scalp cut. Every restorative before mentioned was tried, including rhythmic traction of the tongue, but he was beyond resuscitation.

Post-mortem revealed a congested condition of the pia-mater, no unusual adhesion or depression of the inner table of the skull at the supposed injury. On section, the left ventricle, was seen to be very much dilated, containing four ounces of a straw-colored fluid, resembling that obtained from a hydrocele. The choroid plexus was much enlarged, the brain tissue covering the ventricle was very soft and friable, and showed signs of degeneration. The opposite ventricle and rest of the brain appeared normal. The heart had stopped in systole, and careful examination failed to reveal anything abnormal in any of the other organs.

APPENDICITIS.

Differential Diagnosis; When to Operate and When Not.

BY W. LOUIS HARTMAN, M. D., SYRACUSE, N. Y.

A few years ago our attention was called to a disease which, if not properly conducted and treated, is of a very grave nature. It is very deceiving in its course. Sometimes the patient is thought to be progressing nicely and that by the following day he would be up and about the house; but the next day, perhaps, we will be wondering how it happened. The temperature was only 99, pulse less than 100. What was the trouble? Let us analyze the disease

and see with what we have to deal and learn wherein the deception lies.

Symptoms and Course.—The symptoms and course vary greatly. Appendicitis may run its course in a few hours and it may last for months, yes, even years, as in a case I have in mind, of which I will speak later. The symptoms may appear like an attack of indigestion or that of a violent attack of peritonitis.

The first symptom is that of a sudden pain, usually felt in the region of the umbilicus, radiating over the abdomen, and later becoming fixed in the right iliac fossa; but in some cases the pain may begin in the right iliac fossa. It is not always necessary to have the pain in the umbilicus or the right iliac fossa, as there are cases where it is referred to the left side, and, again, above and to the right of the umbilicus. This is caused by the appendix being displaced and abnormally long.

The vomiting may be of single attack or it may be persistent. In some cases, however, we may get nothing but nausea.

Usually we have constipation, but very often meet with diarrhea.

One peculiar feature of this disease is that many of the attacks come on soon after a hearty meal.

Temperature.—The temperature ranges from normal to 103, pulse from 80 to 120. The temperature is not a good guide in this malady, as we have fatal cases with almost a normal temperature. The appendix may become necrotic and the temperature remain normal, or not more than 99. A sudden fall indicates perforation.

Tongue.—Some hold that the tongue is a good indicator; but I cannot agree with them, as I have seen cases with pus in the appendix where the tongue was normal. Do not wait to find a tumor in the abdomen to make a diagnosis of pus, as we have fatal cases without a perceptible tumor; so a bunch is not necessary for an attack to be fatal, or to be one for operation. What may appear from the first a very mild case may be fatal in the end.

Tenderness.—Excruciating tenderness indicates pus. There are several diseases which may be confounded with appendicitis, such as psoas-abscess, intussusception, carcinoma of the colon and cecum, perinephritic abscess, typhoid fever, floating kidney, renal and biliary colic, salpingitis and pyosalpinx. Tenderness in the right iliac fossa should always lead one to think of appendicitis.

Recurring Attacks.—We have what is known as recurrent attacks which are very dangerous, as the patient will so apparently recover from the first attack that when the second comes on we may expect the same termination as the first. But instead of this result in a few hours he may be beyond human aid. I have in mind at the present time a case wherein a physician had one attack of the disease and apparently recovered, only now and then feeling some tenderness in the right iliac fossa; he was going to have an operation just as soon as another attack came on, but when the attack came it was in the night and by the time surgical aid was obtained the case was in the fatal stage, the patient dying a few hours later. Had this patient been operated on between the attacks his life could have been spared, as operation between attacks of recurrent appendicitis is attended with very little danger.

Just as long as there is tenderness upon pressure there is danger of a recurrent attack at any moment; and in my opinion, which has been verified by operation, when there is tenderness remaining after the attack has subsided pus will be found in that organ. I was called in consultation by Dr. Candee last winter to see a case which had been treated previous to Dr. Candee's being called for chronic enteritis, cholera morbus and what not. There was a history of recurrent appendicitis of five years' standing. The only symptom we had to guide us was tenderness in the right iliac fossa, which was not so very marked for the amount of trouble found. When the abdomen was opened there was found an appendix about five inches long, three-quarters of an inch thick, filled with pus, and at the bottom a ball of fecal matter as large as a good-sized marble and about as hard, the small opening at the top, with four places at the side almost perforated. In this case the tongue was found in nearly normal condition. I have a case at the present time with about the same history which has been of three years' duration and has had three attacks in the past six months. This patient has just made up her mind to be operated upon.

Differential Diagnosis.—In typhoid fever we have headache, malaise, mental confusion, insomnia, general prostration, dullness of hearing and not rapidity of onset. In salpingitis and pyosalpinx, upon close study we find an entirely different pathological condition to deal with. Going back in the history of the case we will find infection of some nature, such as gonorrhea, or the result of abortion,and upon examination when both sides are involved we will find the uterus anchored, anteriorly and above the cervix will find the plaster paris arch feeling, upon digital examination. The patient will have great pain from the manipulation. We will get all of these symptoms except the anchored uterus if only one side is affected, and even then sometimes the uterus will be anchored. In psoas abscess we will find a tubercular history usually, pain coming in and about the lumbar and sacral vertebrae, with greater tenderness in that region, and usually a tumor. In perinephritic abscess we get the purulent and albuminous urine, with pain in and about the affected kidney and along the line of the ureters. Floating kidney presents a movable tumor with a dragging-down sensation, while the patient gets relief from a recumbent posture and has no rise of temperature. In biliary colic the pain does not usually start in the region of the umbilicus, and the greater tenderness is elicited over the gall-duct. Carcinoma of the colon and cecum is a disease wherein there is a history of long standing. Here we get cachexia, emaciation, and other symptoms accompaning malignant diseases. Appendicitis is less liable to be confounded with this disease than any one of the above mentioned, as it is rapid in onset.

Medical Treatment.—The medical treatment of this malady is very simple, as the remedies which will be found beneficial are few and those are well understood by all of us. In my experience there are only about six that are of much value. They are Belladonna, Bryonia, Mercurius, Colocynth, Dioscorea, Rhus tox.

Belladonna is the most useful in the early stages, and will cover more cases than any other remedy. It is useful in the young vascular subjects who are considerably flushed and complain bitterly of the pain, which is rapid in onset and much increased by motion.

Bryonia is indicated in those cases wherein we get the stitching pain, aggravated by every movement, and which indicates the development of peritonitis.

Rhus tox is indicated after Bryonia, as it comes in when we have the septic condition.

Mercurius may be prescribed where there is a marked tumor, with evidence of suppuration, and sometimes in the early stage, the tongue having a dirty coating and the constipation being persistent.

Colocynth will be found useful when the patient is suffering with appendicular colic; at this time we should not forget Dioscorea, which is very valuable in this form of colic.

Heat applied locally to the diseased part will be of great benefit and of great comfort to the patient.

Surgical Measures.—The surgical side of this disease is of the greatest importance; in fact, it is one of the finest points the surgeon has to decide in some cases. In others it is not so hard to determine when to operate and when not to operate. There seem to be some differences of opinion among surgeons, but our leading men have come to about the same conclusions regarding the matter. In my opinion, in an acute case, if the patient does not improve within thirty-six or forty-eight hours there should be no hesitancy as to what should be done. Every hour such cases are allowed to run is adding to the patient's danger. The thing to do is to operate. At this stage the consultation of a surgeon is as much needed as at any time I know of, as sometimes at this point procrastination will send the patient into eternity. It is better to operate on two patients who probably could have recovered by medical treatment alone than to let one die by being too conservative. Conservatism in this malady has sent many a mortal to an untimely grave. The mortality for appendicitis when pus and adhesions have not extensively formed should not be one per cent. in the hands of a competent surgeon.

The operation may be one of the simplest of abdominal operations and it may be one of the most complicated. In the recurrent form of the disease the operation should be performed between the attacks. Do not wait until another comes on. The next one may be fatal before the surgeon is able to reach the patient, as rupture may take place in a few hours, and by the time the surgeon arrives septic peritonitis may be well under way, and the chances for the patient be very few.

With recurrent appendicitis a patient may carry pus around with him and the only way he will be aware that he has trouble is from pain upon violent exercise and deep pressure, as in two cases I have attended, one recently. Both had pus in the appendix, yet the only condition present was pain upon deep pressure.

HOMEOPATHY AND THE RAILROADS.

WM. DAVIS FOSTER, M. D., KANSAS CITY, MO.

CHIEF SURGEON KANSAS CITY, OSCEOLA AND SOUTHERN RAILWAY COMPANY.

Details of Railway Surgical Management.—It is a well known fact that many of the railroad companies in the West have well equipped hospital departments. Many of the roads in the East and South have also either hospital departments or some sort of relief corps for the care of injured employes. The affairs of the department are in charge of a chief surgeon, with a staff of assistants and local surgeons at suitable stations along the line of road. The rules and regulations of the department are such that it is possible to render quick and efficient service to the sick and injured employes of the company.

The telegraph lines are free to the hospital department. In case of accident the chief surgeon is notified at once and gives such directions for the disposition of the injured as in his judgment will best secure skillful treatment and the greatest comfort to those injured.

Stretchers for the conveyance of injured and sick are to be found in all trains, baggage cars, cabooses, and at all points where surgeons are stationed. When an injured person can be moved without danger to life or limb he is placed on a stretcher and carried into the baggage car and sent to the hospital by first train. It is the duty of the home surgeon to apply such dressings or apparatus as to arrest and control hemorrhage, and to put up fractures in such a secure manner as to certainly prevent further injury in transit. Injured employes unable to walk are met on arrival by the ambulance and carried to the hospital.

The chief surgeon is paid a salary for his services, and his assistants, including the local surgeons, are furnished free transportation over the line as a recompense for their services. On request through the regular channels trip passes may be had over other lines. This, together with the indirect and ulterior benefits arising from the connection with the railway is considered ample remuneration by the company as well as by the surgeons. The hospital fund is accumulated by an assessment made upon the employes of the company. The rate or assessment varies from thirty-five cents upward per month upon each person in the service of the railway, depending upon the amount of salary received.

National Association of Railway Surgeons.—This association is made up in its active membership of the above mentioned railway surgeons. Membership is secured by a written application submitted at a regular annual meeting. The fee is five dollars per year, which entitles the members to attendance upon the meetings, and secures to them a copy of the Railway Surgeon, published semi-monthly. Membership in this association is desirable for the reason that it brings together annually the brightest and best surgical talent of the day, at which time all the new and approved surgical methods are discussed and deeply impressed on the mind.

This association also has honorary members, elected from the presidents and general managers of the roads represented. The by-laws of this association provide that there shall be no ethics in it; consequently, through business and other interests, a few homeopaths now hold positions as railway surgeons. I do not know how many of these there are in the United States, but I believe there are several. So far as known to me I am the only chief surgeon who is a homeopath. It is, therefore, difficult to furnish any statistics or data which would be useful at this time. In order fully to demonstrate the superiority of homeopathic medication over that of other methods it is necessary that the test should be made in a hospital, or under conditions within the exclusive control of homeopathists. By exclusive control I mean that the surgeons together with all the employes connected with the institution should be persons who are believers in this method of cure. Inasmuch as none of the railway hospitals within the writer's knowledge are under such control it is readily seen why the desired data is not at hand. If the experience of the past goes for anything it is certain that the employment of homeopathic medication in railway hospitals would result not only in more economical management but that the mortality rate would be reduced and the period of hospital treatment materially shortened.

While it is true, technically, that there are no ethics in railway surgery yet practically the home-

opath, unless he is strongly fortified in his position, will encounter the same difficulties that the practitioner of therapeutics does in private work. In case the chief surgeon of the road has the full confidence and support of the management he will be able in time to secure results. It will happen that most likely some of his staff, as well as a certain number of the local surgeons, will be non-believers in homeopathy, adherents of different medical systems. It seems to be an inherent quality of a doctor that he will combat that system of medicine which is opposed to his own. It takes railway surgeons some time to overcome this idiosyncrasy. Some of them never succeed in this direction. Should the writer continue in railway hospital work he will lose no opportunity to gather facts bearing on this subject and submit them for the information of the profession in due course.

Good Field for Development.—When it is considered that a very large number of presidents of railway companies, general managers, officers and employes of these corporations are homeopaths it may appear singular that so few homeopathic physicians are employed by these companies. Whatever the explanation of this fact may be it is perfectly clear to the writer's mind that it is not because physicians of this school are less competent to discharge the duties of their positions than practitioners of other systems of medicine. It is believed, however, that the cause will be found in the fact that most of our people are so immersed in the affairs of private practice that they either do not seek these appointments or refuse to consider them when proffered.

Many of these positions are open to our physicians if proper steps be taken to secure them. If we should weather the aggressive attacks waged by our neighbors, the allopaths, many desirable places of honor and trust can be easily captured.

SURGICAL NOTES.

BY C. E. FISHER, M. D., CHICAGO.

First Hysterectomy for Fibroid—Kimball.

The first hysterectomy for fibroid tumor deliberately undertaken was performed by Kimball in 1853.

Small Mortality of Uterine Fibroids.—Keith.

To the late Mr. Keith is attributed the statement that not more than ten per cent. of women suffering from uterine fibroids if left alone would die from their presence.

Movable Kidney.—Eichhorst.

Eichhorst is reported to have found in a total of six tabetic subjects in his clinic six with moveable kidney. These were all in women. At best movable kidney is very rare in man.

Malignant Tumors of the Breast.—Fowler.

The treatment of malignant tumors of the breast consists in the total removal of the diseased breast and the neighboring lymphatic structures, and other suspiciously affected structures as well.

Skiagraphs of Colles Fracture—Corson.

In the New York Medical Record of May 8 is an illustrated article on "Some Observations on Colles Fracture by the Aid of the X-Ray," by Dr. Eugene R. Corson, of Savannah, Ga., illustrated by a series of six cuts showing various forms of displacement.

Guaiacol as a Local Anesthetic.

Guaiacol is pronounced an acceptable local anesthetic in minor operations on the nose and throat where cocaine is deemed inadmissible. It requires more time for absorption than the latter remedy, the time allowed in a series of cases varying from six to twenty minutes, the average being about ten minutes.

Operation for Empyema in Mt. Sinai Hospital.—Scharlau.

Of fifty-six children operated on thirty-six recovered, eighteen died and two left the hospital improved. The death rate was 33 per cent., the causes of death being shock (2) on third day; diphtheria 1, measles 2, pneumonia 8, diarrhea 1, and exhaustion 1.

War Surgery Without Anesthetics.

The Greeks are said to have suffered severely during the war in Thessally from a lack of surgeons. So pressed were the surgeons for time and so urgent the necessities of the wounded that a great many operations were performed without anesthetics, it having been impossible to obtain sufficient supplies in time for the needs of the sufferers.

Sacral Lipoma.—Curtis.

At a recent meeting of the New York Academy of Medicine, Dr. B. F. Curtis presented the general section on surgery with a photograph of a baby three months old, and the specimen, from which he had removed a lipoma in the shape of an appendix situated over the sacrum, presenting a fancied resemblance to a human being with a tail.

Horsley's Antiseptic Wax.

Horsley's antiseptic wax consists of bees-wax seven parts; almond oil one part, and salicylic acid one part. It has been used extensively in Jefferson Hospital, Philadelphia, for several years, especially to arrest bleeding from bones during operation. It is pronounced by Prof. Keen to be of great service in bleeding from diploe or cancellous bone.

Skiagraph of Esophageal Obstruction—Keefe.

A Skiagraph at St. Joseph's Hospital, Providence, revealed a tin whistle one inch in diameter and one-eighth inch thick, which had been in situ for three weeks. Location confirmed by esophageal bougie; whistle removed by passing a coin catcher beyond it. The skiagraph plainly showed the location of the foreign body, as also the bones of the trunk and the cardiac area.

Carcinoma of Rectum.—Tuttle.

Tuttle, an American observer—Journal of the American Medical Association, March 27 and April 3, 1897—reaches the conclusion that carcinoma of the rectum can be cured in over ten per cent. of cases. The mortality from radical operation, which prolongs life on the average over one hundred per cent., is not alarming, and its danger is decreasing by additional experience.

Suturing of Stab-Wound of Heart.—Rehe.

From Berlin comes the announcement that Dr. Rehe, of Frankfurt, has mended a wounded heart. The site of the wound, a knife stab, was in the right side. The heart was laid freely exposed and the several edges sewed together. The organ worked with "sturmischen Bewegungen" during the operation, but this latter was entirely successful, eventuating in the recovery of the patient.

Surgery of the Pancreas.—Borck.

The only pathological conditions for successful surgical interference at present are cysts of the pancreas. Partial excision has been successfully performed. Neoplasms may be removed, provided the

continuity and function of the main duct can be maintained. Animals can survive the removal of the tail, or its strangulation, but the removal of the entire organ results in death within a short time.

Essentials in Surgical Treatment of Peritonitis.—McCosh.

Early operation, thorough irrigation, efficient drainage, and the restoration of intestinal peristalsis, by the use of a saturated solution, one to two ounces, of sulphate of magnesia, injected by means of a medium-sized aspirating needle attached to an antitoxin syringe, injected intra-intestinally, are the essentials to success in the surgical treatment of septic peritonitis.

A Unique Procedure.—Gibson.

In a recent case exhibited by Dr. Gibson to the section on general surgery, New York Academy of Medicine, he curetted a cavity at the head of a diseased tibia and as it showed no signs of healing after some weeks he freshened it and nailed the soft parts to the bottom of the cavity, the flap uniting to the bone, good healing resulting. Two nails were used, one of which was removed after the fifth day to relieve tension, the other after the tenth day.

Usual Objections to Ventral Fixation.—Lapthorn Smith.

1. Danger of the bowel becoming caught between the abdominal wall and the fixed uterus.
2. Danger of adhesions.
3. Danger of ventral hernia.

The first named seldom occurs. The second is common to all abdominal operations. The third is no greater than the same danger after inguinal herniotomy, and after Alexander's operation for the condition for which ventral fixation is employed.

Gross Monument Unveiled.

The unveiling of the Gross monument, to the memory of the late Prof. Gross, Philadelphia's eminent surgeon, took place in the Army Medical Museum on Wednesday, May 4th, under the auspices of the American Surgical Association. The address of the occasion was delivered by Surgeon W. W. Keen of Philadelphia, Surgeon-General Sternberg of the United States Army accepting the statue on the part of the United States government.

Thoroughness the Sina Qua Non.—Fowler.

It is not enough in malignant disease of the breast to simply enucleate the breast-gland and neighboring lymphatics. The entire fatty and glandular contents of the axillary cavity, the loose connective tissues between the latissimus dorsi and pectoralis major, the glands beneath the latter muscle and passing from it to the breast, and, except in early cases, the pectoralis major muscle itself, should all be removed. Even the supra and infra-clavicular structures must be removed if they show involvement.

Bone Chips in Surgery.—Gibson.

Dr. Chas. L. Gibson, New York, at a recent meeting of the section on general surgery of the Academy of Medicine, presented a young man of eighteen who was operated upon at St. Luke's Hospital in 1891, at which time the head of a diseased tibia was chiseled out and the cavity filled with bone-chips. In 1896, after fairly good use of the limb for five years the old wound began discharging, and upon cutting down he removed a considerable amount of the old bone-chips, which he found entirely unchanged, buried in loose tissue.

Epidemic Appendicitis.—Golouboff.

Golouboff ascribes attacks of appendicitis occurring as quasi-epidemics of dysentery of the organ. He reports that he has observed in a number of instances the synonomous occurrence of appendicitis in a number of pupils attending the same school during the month of March, whereas no instance of appendicitis had occurred in the institution for several years. He believes there is an analogy between epidemic dysentery and epidemic appendicitis, the common microbes of the digestive tract becoming suddenly virulent in each.

Surgical Interference in Infective Peritonitis.—Abbe.

Weir has collected ninety-seven cases of perforating ulcer of the stomach operated upon with twenty-two recoveries. Operations within the peritoneum for gunshot injuries show fifty per cent. of recoveries where operation is done within twelve hours, twenty-five per cent. where done within twenty-four hours.

In rupture of the bladder surgery has reduced the mortality from ninety to fifty per cent.

In peritonitis due to perforation from typhoid fever recent statistics show twenty-six recoveries after diffuse peritonitis had set up.

Choledocholithotomy.—Ferguson.

This is the ideal surgical procedure for removal of stone in the common duct which cannot be extracted through the cystic duct and gall-bladder. Longitudinal incision does not predispose to complications or sequelae, while the breaking up of the stone does not insure its entire removal or the removal of obstructions at any other site.

When the cystic duct is also the site of stone cholecystotomy is the preferable operation, since the dilated duct will permit of the passage of stones lying in the common duct.

Retained stones may be afterwards treated by bougieing the common duct or by choledocholithotomy.

Occlusion of the Ductus Choledochus.—Ferguson.

The chief clinical features are:

(a) History of cholelithiasis.

(b) Pain, either local or over the common duct.

(c) Tenderness, but not over the fundus of the gall-bladder unless it, too, contains stone or is inflamed.

(d) Jaundice; chronic exacerbating jaundice is characteristic.

(e) Area of dullness enlarged in acute cases, lessened in chronic.

(f) Several slight attacks in succession, accompanied by icterus.

(g) Vomiting or nausea. Not invariably present, but usually so.

(h) Emaciation in chronic cases as a late sign.

(i) Chills and fever, in about 25 per cent. of cases.

Rare Surgical Finds.—Adams.

Dr. Charles Adams, Chicago, exhibited at the April meeting of the Homeopathic Medical Society of Chicago skiagraphs illustrating the location of a belt-pin in the bronchus of a child of five years, which had been in situ for six months, also exhibiting the pin subsequent to removal by a low tracheotomy. He also exhibited a ball of chewing-gum which he had removed from the bladder of a male adult, age 21 years, along with two small phosphatic calculi. The chewing-wax had been introduced three years before and had evidently provoked the phosphatic deposit, though it was not in itself incrusted. At the same meeting Dr. Adams exhibited a raw-hide tent which had been introduced into the cervix for the purpose of dilatation and which had passed on through and out of the body of the uterus.

and the abdominal tissues, making its exit from the pelvis through the sacral foramen, where, by its irritating presence, it had produced a large tumor which had been mistaken for a sarcoma.

Destruction of Bacteria by Phagocytes.—Vaughan & Novy.

The facts that nuclein is a prominent and abundant constituent of the phagocyte, that this nuclein is a powerful germicide, and that the germicidal properties of blood-serum are due to nucleins which come from the poly-nuclear corpuscles, lead us to formulate the following statements, which, in our opinion, most nearly express the facts as interpreted by the knowledge of the present time:

1. The phagocytes, both the wandering poly-nuclear corpuscles and the fixed epithelial cells, are the active defenders of the body against bacterial invasion.

2. The phagocytes destroy bacteria by virtue of the nucelin which they contain.

3. The germicidal properties of the humors of the body are due to nucleins formed by the phagocytes.

Double Dichotomy.—Helmuth-Seward.

Prof. Helmuth reports in the May number of the North American Journal of Homeopathy two cases of double dichotomy, in which the twins were conjoined at the thorax and abdomen. The article is illustrated by half-tones of the subjects, and by three half-tones showing the visceral anatomy of the twins, by Dr. J. Perry Seward. A single pericardium contained joined hearts. There was a single thymus gland, a common diaphragm, lungs for both infants, a spleen for the right infant, kidneys for both, liver for both, stomach and omentum for the right infant, a common jejunum, ileums for both infants, as also cecums, colons and rectums shown in Dr. Seward's illustrations. The livers were conjoined, as were also the stomachs and esophagi, while the duodenums and jejunums were united in a single duct. The descriptions of these interesting cases and of their visceral anatomy are complete and instructive.

Sarcoma of the Prostate.—Howard Marsh.

The chief symptoms of prostatic sarcoma are:

Difficulty of micturition, variable. In some cases not materially interfered with, while in others the patency of the urethra is almost or quite destroyed.

Difficulty of defecation, from rectal pressure.

Presence of tumor in the prostatic situation.

Hemorrhage from the urethra, not invariable.

Pain of varying intensity; sometimes severe, other times slight.

Displacement of the bladder toward the hypogastrium.

Treatment.—Removal usually impossible. Suprapubic bladder drainage. Colotomy for severe intestinal obstruction.

Prognosis.—Firm spindle-celled cases live some years, four or five.

Myxosarcoma undergoing softening infiltrate surrounding structures and cause death in a few months.

Grafting of Sheep's Bone.—Wilcox.

Dr. DeWitt G. Wilcox, Buffalo, recently attempted the grafting of the femur of a sheep into the tibia of a human subject in whose case a good part of that bone had been destroyed by an explosion, five inches of the femur of a young sheep having been transplanted. The growth of the new bone upon and about the sheep's femur has been observed with the X rays upon a fluoroscope. The operation was performed on February 11th. On May 24th a skiagraph showed pronounced overlapping of new bone at both ends of the engrafted specimen, particularly at the lower end, the organized blood-clots and osteoblats were plainly visible, and at the lateral portions of the engrafted bone new bone-tissue was seen to be forming. The finger could readily trace the new bone-formation, palpation showing it to be general and of sufficient firmness to all but guarantee at this date the complete success of the operation. Several skiagraphs have been taken, the process of bone-formation being clearly demonstrated from photograph to photograph to be steadily going on. The subject of the operation is an adult.

Technique of Choledocholithotomy —Ferguson.

Oblique incision when gall-bladder is contracted.

Separate adhesions in line of search for stones, and nowhere else.

Fundus being found, follow it on under surface to cystic and common ducts.

Clear away adhesions en route except those shutting off peritoneal cavity.

Palpate gastro-hepatic omentum when foramen of Winslow is reached, as in it lies the ductus choledochus.

Incise the duct longitudinally over the interior surface of stone.

Demonstrate patency of duct by probe or water test.

Drainage, both tube and gauze, should be used.

Suturing of duct may be harmful by injuring the wall of a duct so changed by pathology that it will not hold sutures, as well as by prolonging the operation.

Preparation of Cat-gut.—Ostrom.

Place the raw German cat-gut in ether for twelve hours to dissolve the fat.

Remove and thoroughly dry it. This part of the performance is of the utmost importance.

Place dried gut in the following solution:

Bichromate of potash, 1½ grammes.

Carbolic acid, 10 grammes.

Glycerine, 10 grammes.

Water, 480 grammes.

Dissolve the potash in the water and then add the glycerine and carbolic acid.

Roll the gut on a cylinder and immerse it in the solution for thirty hours. Wind on wooden frame, covering with gauze to prevent breaking, winding in separate strands, no one over-lapping the other.

Place frame in warm, dry room to dry the gut. Do not dry before a fire.

When dry, sterilize under pressure in alcohol.

Preserve in tubes in absolute alcohol until ready to use. Then boil again in its tube before using.

Epigastric Hernia —Packard.

Dr. Horace Packard, of Boston, reports in the Medical Era for May an epigastric hernia, the only one ever witnessed at the Homeopathic Hospital of that city. The subject was sixty-five years of age, the history of his case showing the appearance of a small lump about three inches above the umbilicus while serving in the United States army thirty-three years ago. Within the past year or two there has been a sensation of dragging pain on inspiration and increasing shortness of breath. He presented a symmetrical, well-rounded prominence, sensitive to pressure without lobulation, soft and compressible, all efforts at reduction being unavailing. The question of diagnosis lay between fatty tumor and omental hernia. The feeling of discomfort favoring the latter, operation was advised. The tumor was found to con-

sist of extruded omentum, contained in an extremely attenuated peritoneal sac to which it was adherent. The hernial opening was about three-quarters of an inch in diameter with sharply defined borders. The adhesions of the protruding omentum were broken up, it was ligated at the constricting portion, the extruding mass was cut away and the stump fell readily back into the abdominal cavity. In closing the wound a semi-circular incision was made through the sheath of the anterior surface of the right rectus muscle parallel to and a little more than one inch from the right side of the opening, and it was split so as to form a flap. This flap was raised from its attachments and turned over so that its free edge should approximate the left border of the ring. It was then firmly sutured in place by a buried kangaroo tendon. The external wound was closed as usual, the operation being in every sense successful.

Classification of Acute General Peritonitis.—Senn.

Senn gives several different classifications based on different points of view, as Anatomical Classification, Etiological Classification, Pathological Classification, Bacteriological Classification and Clinical Classification.

ANATOMICAL CLASSIFICATION.—(a) Ectoperitonitis; (b) endoperitonitis; (c') parietal peritonitis; (d) visceral peritonitis; (e) pelvic peritonitis and (f) diaphragmatic peritonitis.

ETIOLOGICAL CLASSIFICATION.—(a) Traumatic, (b) idiopathic, (c) perforative, (d), metastatic, (e) puerperal, (f) peritonitis infanta.

PATHOLOGICAL CLASSIFICATION.—(a) Diffuse septic; (b) putrid; (c) hemorrhagic; (d) suppurative; (e) serous; (f) fibrino-plastic.

BACTERIOLOGICAL CLASSIFICATION.—(a) Streptococcus infection; (b) staphylococcus infection; (c) pneumococcus infection; (d) coli communis infection; (e) gonococcus infection and (f) tubercolous infection.

CLINICAL CLASSIFICATION.—(a) Ectoperitonitis; (b) diffuse septic; (c) perforative; (d) circumscribed; (e) hematogenous; (f) visceral; (g) pelvic; (h) puerperal and (i) sub-diaphragmatic.

SURGICAL SNAP-SHOTS.

BY SCOTT PARSONS, JR., M. D., ST. LOUIS.

Extreme Resorts.—In general extreme resorts are the expedients of bad surgery.

Staphysagria after Laparotomy.—Staphysagria will relieve your patient when severe pain follows an abdominal operation.

Gauze Drainage.—Gauze does not drain anything but mere fluid matter, debris of any sort whatever remaining behind.

Bovinine for Ulcers.—When ulcers of any form refuse to heal try the local application of Bovinine.

Pain and the Surgeon.—The surgeon should study pain in a psychic as well as in a somatic way.

Fracture of Humerus.—The latest authorities say to dress fracture of the lower end of the humrus in extension.

Clean Your Thermometer.—The clinical thermometer should be cleansed before and after use, both times in the presence of the patient.

Remove All Mammary Growths.—All mammary growths should be removed at once, for innocent tumors carried for a long time become a menace.

Disinfection.—Suppurative infection following incisions made in the skin is more frequently caused by imperfect disinfection of instruments than through any other cause.

Vaginal Puncture for Tubal Abscesses.—This procedure is as uncertain as can be any that does not reach to the bottom of the disease.

Prolapsus Recti.—Prolapse of the rectum in children can be traced in a large number of cases to one of two conditions: phimosis or vesical calculus.

Splenectomy for Wandering Spleen.—Splenectomy for wandering spleen is not only justifiable but it is a highly successful operation, the rate of recovery being equal to that of ovariotomy in skilled hands.

Rule for the Use of the Trephine.—There is one rule for the use of the trephine which should never be forgotten: Proceed as though each skull was the thinnest ever seen.

Sub-Conjunctival Ecchymosis in Fracture of Skull.—A sub-conjunctival ecchymosis is indicative of fracture at the base of the skull, involving the anterior fossa. It is caused by a hemorrhage into the sheath of the optic nerve.

Castor Oil for Warts.—The Scientific American says if castor oil is applied to a wart once a day for a month it will entirely disappear. In many cases it will not require so long a time.

Salpingo-Oophorectomy and Hysterectomy.—In the presence of tubal and ovarian disease to remove the uterus which in a great majority of cases is not even remotely diseased, is a seeking after means to obviate bad results which could not be explained.

Operative Cure of Neuralgia.—Dr. Leonard Corning, New York, cures neuralgia by cutting the nerve and injecting melted oil, which hardens and prevents the severed ends from re-uniting. The operation is simple, not very painful, and has proved efficacious.

Frost-Bite.—Frosted feet can be very comfortably handled and speedily cured by applications of glycerite of tannin morning and evening. The applications should be made over all the affected part and should be gently but thoroughly rubbed in.

Suturing Abdominal Wounds.—In closing abdominal wounds interrupted silk or silkworm-gut sutures are best, including the peritoneum and passed from within out; or the peritoneum, muscle and skin may be closed separately by means of continuous silk or silkworm-gut sutures.

The Effect of Ovariotomy on the Voice.—This is favorable, claims Dr. Castex in the Rev. Hebd. de Laryingol. In a report of six cases only two were in any way affected unfavorably, and one of those showed evidence of syphilis and tuberculosis. The other four had more or less improvement in the voice.

Srictures of the Eustachian Tube.—Dr. Arthur B. Duel, in an article in the New York Medical Journal for January 16th, 1897, says that one of the chief causes of deafness and tinnitis aurium is the narrowing of the lumen of the eustachian tube by hypertrophy of the submucous tissues surrounding it, thereby preventing the maintenance of the air-pressure behind the tympanic membrane.

Rapid Amputation.—To this end Dr. Wyeth, after tying large arteries, passes deep catgut sutures through the masses of muscle. In this way the muscles are brought together, compression is exercised and bleeding prevented. His last hip-joint amputation, done by the bloodless method, was completed in twenty-five minutes.

Myoma Arising from the Wall of a Vein.—Cornil records a tumor composed of smooth muscular fibres arising from the walls of the veins of the

arm. In parts the tumor formed part of the wall of the vein, while elsewhere it projected into the inside of the vessel and greatly distended it.

Uterine Fibroids.—All cases of fibroid of the uterus should be kept under observation for a sufficient time before resorting to radical operation to ascertain:

First, the rapidity of growth;

Second, the amount of constitutional disturbance resulting from their presence;

Third, the probability of less radical measures affording relief.

This is a general rule in all cases.

Differentiation of Cerebral Abscess from Cerebral Tumor.—Abscess is accompanied by greater emaciation and is of shorter duration than tumor. Local paralyses of long standing are common in tumors, rare in abscess. Rigors and more or less fever usually attend abscess. An ozenal or otorrheal discharge, the history of traumatism, or the fact of a latent period having existed are in favor of abscess.

The Umbilicus as a Guide in Laparotomy.—At the umbilicus all the structures of the belly-wall are united. Hence when in laparotomy any doubt exists as to whether the peritoneal cavity has been opened try to sweep the finger under the umbilicus. If it passes freely under it (after breaking up any adhesions that may exist) the belly cavity is opened, if not, the finger is between two layers of the belly-wall.

Fracture of Skull with Depressed Bone.—Depressed bone resulting from fracture of the skull, whether giving rise to immediate symptoms or not, cannot fail to act as an irritant to the membranes of the brain or the brain itself. This irritation is likely sooner or later to result in a pachy-meningitis or cerebritis, as a consequence of which the patient may suffer from epilepsy, cyst of the membranes or of the brain structure, and possibly insanity.

Fate of Pus.—Pus may undergo absorption, be evacuated, become inspissated, or undergo fatty degeneration and become converted into granular matter: Its absorption is accomplished by the lymphatics; its evacuation is accomplished by an ulcerative process established in the tissues which contain it; when it has been converted partly into fatty and partly into granular matter it may become inspissated by the absorption of its liquid portion and remain unchanged for a long period; if it becomes incapsulated it changes into caseous matter and remains as a cheesy mass.

Gynecology.

GYNECOLOGICAL BLUNDERS.

BY W. A. FORSTER, M.D., KANSAS CITY, MO.

Qualifications of the Gynecologist.—Certain natural qualifications are essential to the performance of gynecological surgery, and for that matter any surgery, such as mechanical skill and dexterity, a cool head, keen eyes, open ears, a sharp nose, nimble fingers, with not only sensory nerves in them but possessing eyes that they may see the things hidden from the ocular view, for, really, in the deepest sense we "do not see with our eyes or hear with our ears, but see with our understanding and hear with our hearts"—and withal a brave yet tender and sympathetic nature that goes out to the panic-stricken sufferer about to undergo an operation, giving her solace, comfort, assurance, and not alone reconciliation, but all-abiding confidence and hope.

Besides this certain acquirements are necessary—an accurate knowledge of at least the gross anatomy, physiology and pathology; the latest and most practical surgical technique; a knowledge of the effects of different agents and appliances, and actual experience by repeated observation and practice. Yet this is not all; for in order to be fully prepared to do gynecological surgery there must be an elevation and brightening of the intellect; a most excellent unbiased judgment, only obtained by constant attention to details and actual self-sacrifice; there must be a psychic power which not only enables us to "interpret tissues" but the whole body, yes, the better and more important part, the soul.

Did you ever see a very ordinary practitioner, with no special training, with no knowledge of anatomy, with no natural adaptability, who takes no medical or surgical journals, or if he does take them to never read them, but who, when somehow or other a circular falls into his hands announcing a "post graduate course," attends, and in a week's time is transformed from a common practitioner to a brilliant gynecological surgeon, ready to do piles, pockets, American operation, ovariotomy and hysterectomy "while you wait," being in entire ignorance of the anatomy, physiology and pathology, not knowing or caring to differentiate between the cases demanding and those that do not require an operation?

How many of these men do you suppose have experimented on dogs or other domestic animals? How many have practiced the different operations on the cadaver? How many would you guess have dissected a female cadaver, or the pelvic and abdominal viscera, or even the genitals?

Echo answers, "How many?" And yet these men, so wise in their own conceit, because so blinded by ignorance, will undertake any and all kinds of operations, and the latest fad being hysterectomy (I don't think Pildhering will ever become popular) they do that for everything from corns to cancer.

Vaginal hysterectomy is simple enough and easy to do in the normal healthy condition; so is ovariotomy; so is castration; so is the passage of the urethral sound; so are a hundred and one different operations. But this is not the class of cases that demand operation. The cases that really demand operation are either abandoned or die at the hands of these operators.

Illustrative Cases.—It is amusing enough, no, I will say disgusting, to hear these doctors relate operations they have done, and, worse yet, to read their letters describing fabulous cases that they have had—in their minds. But I shall not take time to reproduce any however valuable they might be as contributions to literature or gynecology.

Not long ago I had the pleasure of assisting an aspiring gynecological surgeon to do his maiden ovariotomy. He had examined the patient thoroughly with a whole kit of instruments, and found, so he said, an ovarian cyst as large as a double fist. This patient was a model one for making a thorough examination, being rather slender, and as she was able to relax the abdominal muscles the entire abdominal and pelvic contents could be easily outlined. Having examined her I informed the doctor that there was no ovarian cyst, or that if one existed it must be exceedingly small, and advised him not to operate. But he had told her of the presence of a large tumor, the danger attending delay and the necessity of an immediate operation before it was ever-

lastingly too late. So, bent on doing an ovariotomy and obtaining a fee, he sent her to a hospital, where we, I am sorry to say, operated upon her and removed a fairly healthy ovary.

I shall not attempt to tell you how he went about haggling and digging to enter the peritoneal cavity, how he lost his head when the ovarian artery spurted, having slipped out of his ligature, how he failed to remove the blood-clots deep in the pelvic cavity by mopping gently over the bowels, how he pierced the bowel in atttempting to close the parietal incision, how far from opposite he inserted his sutures and the puckering wound that resulted. But for a wonder the woman lived.

And so it happens at times at the hands of the most unskillful operators that the patient lives, and encourages them to go on with their nefarious work, sacrificing valuable lives, or worse, making hopeless, wretched, and helpless invalids of them.

Another acquaintance of mine, in attempting to do a vaginal hysterectomy after the Pratt method so lacerated and tore the periuterine tissues that the sloughing which followed was simply horrible, and I wondered no longer at an article in one of our medical journals where a certain gynecologist gives his experience with this method as being very inferior to others as "in his hands," he says, "a discharge of pus lasted for three to six months," and in one case he pulled out several feet of necrosed omentum some weeks after one of these hysterectomies.

Another invaded the bladder and kept working away, thinking he had entered the peritoneal cavity.

Another opened the abdomen, intending to remove an ovarian cyst, but found something, he knew not what; but said the tumor was adherent to the uterus, rectum, bladder, spine and pelvic bones, that it was impossible to remove it; so sewed up the abdomen in such a manner that suppuration continued for several weeks, followed by a large ventral hernia. Some months after this I removed the tumor, which proved to be one of the nicest, smoothest, non-adherent uterine fibroids I have ever seen. The woman made a rapid, uneventful and perfect recovery.

Another enthusiastic but more timid surgeon circumcised a little boy and found the frenum so short that without its division the operation was a bad one; but this he neglected to do, saying that there was an artery in the frenum and he feared hemorrhage. Of course, this is not a gynecological case, but is too good to keep.

Ovarian Tumor vs. Pregnancy.—A doctor from the rural district brought a case to me for ovariotomy. He had had the case under observation for some months and had made repeated examinations, and although the patient had not menstruated for the past eight months—she was a single girl and stoutly denied having been "exposed," but said that she had got her feet wet going to revival meetings—he diagnosed the steadily growing tumor an ovarian cyst. On percussing and palpating the abdomen I found no fluctuation, which precluded the existence of a large cyst. I did, however, feel rather irregular prominences, contra indicating cyst, and quite frequently a vigorous kick in her interior department, differing from the fluctuation obtained in cysts. Auscultation revealed a regular ticking at about 130 per minute, the woman's pulse beat about 70; so it was not the abdominal aorta I heard. Of course it might have been due to the trickling of fluid contained in the cyst, but I had never read or heard of any so regular nor of exactly the same nature and I didn't even believe it was borborygmus. On examining through the vagina the cervix was found almost obliterated and a hard, globular form filled the pelvic cavity, which was certainly not a symptom of ovarian, or, for that matter, any other pathological tumor. Suffice it to say, I did not operate, but a healthy, fully developed baby made its appearance within a few days.

It is well known that several reputable surgeons have opened abdomens containing living fetuses, but it can be nothing but the grossest carelessness or the rankest and most culpable ignorance that would lead a man to make such a mistake in the latter months of gestation.

Not Prompted by Envy.—Do I hear some one say this paper is written through envy or for fear my bread and butter supply is being cut off? By no means is this my object, for were I to consult my own personal interest and gain I should encourage this class of men to go on with their work, as my best fees come from the cases they have mutilated. My aim is a higher one, my motive purer; my plea is for the elevation and higher standard of medical education and for the poor, defenseless, helpless women—our wives, mothers and sisters, who fall prey to the blunderer in gynecology.

UTERINE CANCER.

BY MOSES T. RUNNELS, M. D., KANSAS CITY, MO.

Importance of Early Diagnosis.—I have been more and more impressed within the last few years with the importance of the early diagnosis of uterine cancer and the immediate removal of cancerous uterus with ovaries and fallopian tubes. In twenty-three years of medical and surgical practice I have come in contact with many cases of this disease, both in early and advanced stages. Every successful practitioner is almost sure to meet a case of this kind sooner or later, perhaps many of them in a period of ten years, and every doctor should know positively the first symptoms of uterine cancer, as the only hope of successful treatment depends upon its early recognition. The family physician must take the responsibility of recognizing the first symptoms and of directing the patient to the surgical specialist. The longer the disease remains unrecognized the more uncertain will be the results of treatment. Quite frequently the surgeon finds that the disease has advanced too far for any except palliative treatment, and he is obliged to admit that the danger signals pointing to cancer of the uterus have been overlooked by careless or ignorant medical attendants, or by the ignorance and negligence of the patient. Doubtless the patient has had frequent and increasing uterine hemorrhages, sanious and watery discharges and progressive anemia, with more or less pelvic pain. She has been told, perhaps, that all these symptoms were due to the menopause and has not had a thorough physical examination.

It is a dreadful thing to say, but it is a fact that many physicians are not familiar with the early signs and symptoms of cancer of the uterus. No credit is due to the family physician to finally wake up to the fact that something must be done when nothing can be done. His failure to recognize this serious trouble until too late amounts to almost a crime in every case where his opportunities for observation have been good. The physician who is now opposed to removal of the uterus for cancer is not well informed and does not know that statistics show a large percentage of permanent recoveries from early removals. He need not know the pathology of all the different varieties of uterine cancer, but he should

know the most prominent symptoms, the early signs of its presence, which are practically the same in all varieties and too often unheeded.

Diagnostic Significances.

Hemorrhage.—Uterine cancer occurs more frequently at the menopause than before or after that time, the most prominent sign being hemorrhage of an irregular character, both as to time and quantity. If the menopause has not been passed the quantity of hemorrhage is increased, and likewise the irregularity. If the patient has passed the menopause the hemorrhagic flow returns.

The first symptom may be a hemorrhage after coition. The hemorrhages may often be only stains on the linen. A watery discharge, sometimes of a bloody, serous character, usually follows the hemorrhagic flow sooner or later. Whenever a profuse vaginal discharge occurs at the time of the menopause the medical attendant should be on the alert, and a thorough examination should be made to confirm or remove suspicion of malignant disease.

Pain.—Pain is rarely an early symptom of uterine cancer and when a woman compiains that the small uterine tumor which she has had for some time has begun to enlarge and is attended by more or less pain, or hemorrhage, her physician should lose no time in finding out the true nature of the growth.

Morbid Growths.—A new growth, or hardening of the cervix uteri should not be allowed to pass notice without a critical examination. A microscopic examination can easily be made from pieces taken from the cervix, or scrapings from the endometrium. If the physician is not sufficiently posted in microscopy and pathology the services of an expert pathologist should be obtained.

Promises of Extirpation.—If total extirpation of the uterus and its appendages is made before the disease has gone beyond the tissues of the uterus, before fixation has occurred and before the vaginal wall or the adjoining structures have become involved there is to-day little doubt in the mind of the profession that this treatment offers by far the best chance for permanent cure.

Percentage of Recoveries.—Here are some reports of the percentages of recoveries from the total extirpation of the uterus:

By Leopold, 72 out of 76 cases alive and well, with no return of cancer after five and a half years.

By the Dresden Klinik, 58.4 per cent. living and doing well after two years.

By Olshausen, 47.5 per cent. alive, with no return of the disease after two years.

By Schauta, of Prague, 47.3 per cent., after two years.

By Fritsch, 36 per cent., after two years.

By Hofmeier, 33 per cent. were living, without a return of cancer after four years.

Undoubtedly many cases are operated upon too late to arrest the extension of the disease to the neighboring organs, and it progresses till the cachexia is established and life is blasted.

Let no one be deceived by the excellent general condition of a patient in the first stage of uterine cancer. Strong women as well as feeble women are frequently its victims, and no woman is liable to lose strength to any great extent until the continuous drain of blood and serum from the cancerous cervix and the general degenerative effect on the blood have undermined the constitution. Often extensive disease is found in well nourished women. If the disease is allowed to advance unmolested unmistakable signs of a failing of health appear, such as disturbances in the intestinal tract, loss of appetite, sometimes vomiting, hemorrhagic discharges, which soon have a peculiar and foul odor, pain and loss of sleep, later edematous legs, diarrhea, marasmus, and, finally, uremia clouds the intellect, the curtain falls and the woman enters the life eternal.

Illustrative Case.—An interesting case came under my observation recently: Mrs. W——, age 37, married at 19 years of age; she was never well since the age of 13, when she was at one time given up to die from nosebleed. Her usual weight was 107 pounds; has had six children, five of whom are living; the birth of the third child was very sudden and the cervix uteri was lacerated considerably; this rent was never repaired. She came to me November 15, 1896, and said that after every sexuxal intercourse she had a hemorrhage from the womb. The hemorrhage was first noticed in the previous July. On examination I found the discharge to be bloody-serous in character and destitute of odor. The anterior part of the cervix presented an irregular knotted, or slightly cauliflower shape and bled easily on contact with the finger. It seemed to me like a villous growth, approaching ulceration, and I told the patient that it was undoubtedly carcinomatous. She agreed to have the uterus and appendages removed as soon as she could go to her home in Kansas and attend to some of her household affairs and return. She did return, but at once consulted a Christian science healer, who promised to cure her "without the knife," and she tried the faith cure for about three months without benefit. She then returned to me to have vaginal hysterectomy performed, which was done March 22, 1897. The uterus, ovaries and tubes were removed according to Pratt's method. The uterus had not progressed to fixation nor were the tubes and ovaries found to be abnormal. No ligatures or clamps were used and not an excessive amount of hemorrhage resulted immediately from the operation. There was a carcinoma of the anterior portion of the cervix as far up as one inch from the os uteri, the ulcer had lost its necrotic surface and the cauliflower tissue would easily give way under the grasp of the forceps. I was not able to determine definitely how far the disease had advanced.

Two hours after the operation I was sent for to stop an active hemorrhage from the vagina, which I succeeded in doing by thorough tamponing. I resolved that after this I will insist upon having absolute control of all free bleeding before my patient leaves the operating table. I will see to it that every spouting vessel is secured before I complete the operation. However, on several occasions this woman had established the reputation of "a bleeder," and she was not surprised at this post-operative hemorrhage. She had been bleeding more or less daily for three months and the operation had been postponed once on account of the excessive hemorrhagic flow.

The shock from the operation and the loss of blood was considerable and the patient reacted very slowly. The temperature went down to 96 40-5 during the first twenty-four hours and then went above normal slightly, reaching 102 degrees on the seventh day. The pulse was very bad all the time—running irregularly from 106 to 140. There was very little change in this condition for two weeks except that the temperature went higher—to 103 degrees and 104 degrees on two or three occasions. At the beginning of the third week the temperature went down to 100 degrees and the pulse was regular at about 100. In the fourth week after the operation the temperature

each day ran from 98½ degrees to 101 degrees and pulse from 80 to 100.

I am led to believe that this woman will recover her usual health in a month or two, notwithstanding the fact that the wound in the vault of the vagina has not entirely closed in four weeks and bad-smelling discharges are present more or less. However, the discharges are daily decreasing in quantity and the odor is less offensive. The patient has a good appetite and is surely gaining in strength. It can never be determined beforehand whether the radical operation will be attended with a return of the disease or not, but duty compels us to operate whenever we can do so safely and that by the complete extirpation of the whole womb and its appendages.

Process of Diffusion.—In the advance of cancer of the uterus the first to become affected are the lymph glands located behind the peritoneum of the posterior abdominal wall and the lymphatics at the point of the attachment of the ligamentum latum upon the abdominal parietes.

Goldmann, or Freiburg, has very recently demonstrated that the diffusion of carcinoma must be attributed to the veins as well as the lymphatics. He has shown that the changes in the vein are of three principal varieties.

(1) "The carcinoma perforates the vein-wall and the free cancer-cells lie in the blood-channels; a venous thrombosis need not necessarily follow, the living cancer-cells seeming to possess the inhibitory action on the generation of fibrin exhibited by unwounded endothelium."

(2) "The carcinoma perforates only the outer elastic layers of the vein-wall, develops intramurally, narrowing the lumen and even obliterating it without producing any lesion of the endothelium."

(3) "The carcinomatous process infiltrates the wall of the vein at the site of a previously formed and organized thrombus."

It is not my object to go into the pathology of uterine cancer at this time, but to dwell upon the great importance of its early recognition and surgical treatment. I do not undervalue the homeopathic treatment of this malignant disease, neither do I advocate too earnestly the diagnostic and pathological investigation of all uterine ailments occurring about the time of the menopause. Every inligent physician will admit that the internal treatment of uterine cancer is greatly aided by early surgical treatment. The administration of the similimum, or thyroid, or protonuclein, or toxines is always more effective after the enucleation of the cancerous growth. Internal remedies and local applications only are liable to cause delays which are fatal to successful operation.

Finally, I would urge the great need of more thorough knowledge of the menopause. Every symptom affecting the female pelvic organs at or about that period should not be credited entirely to natural causes. A close analysis of all the woman's symptoms should be made with the purpose of reaching a definite conclusion as to the true nature of her ailments.

Correspondence.

A VOICE FROM THE DEAD.

If my hammerless Savage rifle, with nitro-powder and steel jacketed bullet, had a killing range of three thousand miles instead of three miles, you and that Kansas City editor who wrote me dead might be in danger; but as I cannot come East just now you are safe. I am not sure, after all, that you made a gross mistake. Except to myself and those who cared for me, wife, doctors and nurses, I have been practically dead since January 1st. To that small circle I have been very much alive.

I fell ill of pneumonia in January, after having wrestled alternately with la grippe and practice during December. When ill ten days, one fateful night I slept, the nurse slept and the temperature of my room did not sleep, but crept in an iceward direction about fifteen degrees in two or three hours, regardless of hot water heat throughout the house. The mercury fell sixty or seventy degrees that night. The next afternoon I had a pronounced chill, followed by high temperature, pleuritis with effusion, temperature running from 101 to 103 degrees for seven weeks. The removal of thirty-two ounces of serum by aspiration three weeks from the date of beginning of effusion produced only a temporary effect upon the temperature.

Rhinitis, pharyngitis, bronchitis, pneumonitis and pleuritis, with occasional attacks of swearing-itis, and all within ten weeks! I coughed more in that ten weeks than would be required to satisfy an ordinarily reasonable man for a lifetime, "even though he lived to be a thousand years old." Like the Century, however, I do nothing by halves, but "take the whole menu."

If all this does not entitle me to a decent and timely obituary I do not well see how I am ever to merit one.

I have not yet had the pleasure of reading my obituary in the Century, but coming from such a source I shall expect to find me "done up brown"—or Jones—in this instance. It is perhaps fortunate for some of us that we may read our obituaries while yet in the flesh; for if we must return here to read them in some of our somnolent journals six months after death we might suffer from the change of climate.

Letters of inquiry have come to my partner and letters of condolence to my wife from many States. Colorado patients of mine spending the winter in Arizona, New Mexico and Texas have been informed by their local physicians of my sad demise and have written their families touchingly and tenderly of "poor Dr. Jones, who could save others, but could not save himself."

I died of pneumonia at Canon City two years ago this April. Doctors and others who hastened to "view the sad remains" and offer their tender sympathies and kind services almost fell dead on approaching the house at finding no crepe upon the door; but on a second thought consoled themselves that they had preceded the undertaker, as they had.

In September following my death at Canon City in April I died of cold and starvation in northwestern Colorado. On my annual autumn outings, with my party of five, four of them doctors, with guide and cook and fourteen head of horses, I was caught in a twenty-inch snow at an elevation of nearly ten thousand feet in a very rugged part of the Rocky Mountains. Word went out immediately from Steamboat Springs, when the snow fell, to Colorado Springs, Denver and intermediate points, that we were lost and must perish—could not possibly get out till the next spring and had provisions for but ten days.

We were greatly surprised ten days later, on reaching the nearest telegraph office, one hundred miles distant, to find the operator besieged with messages asking all manner of questions regarding

our position, probable safety, and begging him to wire at the first word heard from us. A rescuing party was already organizing when we arrived at Colorado Springs.

Death of pneumonia or cold and hunger is not to be hankered after, but these causes are "long-shots" when placed alongside of tuberculosis—under ordinary circumstances "a sure thing."

I was sure I had not died of pneumonia or freezing, but I am not so sure about this tuberculosis charge. Death is about the only sure thing that a doctor knows about tuberculosis. Again, in this last instance, the newspapers and journals have declared me dead. The "preponderance of evidence" is certainly against me.

My real fears in the matter are that when I do conclude to die my heirs and assigns may experience a difficulty in getting a satisfactory settlement with the insurance companies.

I came here when just out of bed three weeks ago; have ceased to cough, eat well, sleep well, have no temperature and have gained ten pounds in weight. Pleural adhesions give some trouble, as they have for six weeks, but I grow better from day to day.

I shall depart Monday for Tucson and Phoenix, and hope to return to Colorado Springs and to work by June 1st to 15th. Fraternally yours,

A. CUVIER JONES.

Las Cruces, New Mexico.

WHY NOT BOARD UP THE WORLD?

I have been interested in the discussion in the Medical Century of the proposed medical legislation for Illinois. The various suggestions of your correspondents give food for thought.

Some weeks ago a Chicago physician, whose name is familiar to most of us, called upon me asking for my signature to a petition to the state legislature urging the enactment of house bill No. .. (I have forgotten the number) at once.

This bill provides for the examination of all teachers in our medical colleges by a board of three persons to be appointed by the governor. It proposes to decide who is fit to teach, basing the judgment of fitness on said examination. The petition, at that time, contained the signatures of ten or twelve physicians in my vicinity. I asked if the bill contained any provision for a board to examine the proposed board that is to examine each member of our college faculties, and finding it did not I refused to sign.

Perhaps I am over-hard to suit in such matters, but if so it must be owing to a deep-seated desire to go to the very root of things.

It seems to me if we can get a board of examiners to examine the prospective parents in our state as to their ability to produce children worthy to become physicians, and then a board to examine such of the children as evince a desire to study medicine, and then this board to examine the college faculties and the facilities of each college, and then a board to examine all graduates of these colleges, and a board to examine these boards, and finally a board to examine the governor as to his ability and fitness to appoint good men for all the boards—men of broad views and wide learning, impartial and honest men—why, then, it would be all right and all of us would be aboard, with through tickets, to happiness and chaos.

Of course this board system should extend to all the trades and professions, for I can't see why the medical profession should be "bored" more than other people.

Take the preachers, for example, tinkering with our immortal souls—prescribing all sorts of new and old theological salves, blisters and compounds—affairs, if we believe them, and I trust we do, compared with which those of the medical world sink into utter insignificance. Pray tell us by what state boards and legal enactments we are to recognize which of their "sure-cure" outfits and regenerating apparatus we can trust? And what of those clerical quacks who, like those more closely related to us, we know by the testimony of ministerial friends, deceive and injure us? By all means, while we are about it let us have some more of these boards. Why be niggardly! Why not regulate "the whole thing" at one time and give us boards enough so that everyone can belong and everything can have someone to attend to it!

C. F. Barker, M. D.

Chicago.

OBITUARY RESOLUTIONS.—DR. LEWIS HALLOCK.

A special memorial committee of the New York County Homeopathic Medical Society, consisting of Drs. Kellogg, Helmuth and Wetmore, reported upon the death of Lewis Hallock. Dr. Kellogg made an address upon the life and work of the deceased, after which Dr. Wetmore offered the following resolutions, which were adopted:

Whereas, The Homeopathic Medical Society of the County of New York, feel that they have sustained a great loss in the death of their oldest member, Lewis Hallock, M. D., one of the founders of the society.

Resolved, That we wish to place on record our admiration for the man who throughout so long a life preserved an unblemished reputation as a courteous Christian gentleman, and a kind, faithful, scholarly physician—one who always purposed to do whatever was honest and right and always earnest for the progress of medicine and the advancement of medical education.

Resolved, That so long as this society exists it should never cease to hold in remembrance and honor the name of Dr. Hallock, its member, who with vigor almost unabated for ninety-three years was for seventy years a practicing physician, and for more than half a century an unswerving believer in and practitioner of homeopathy, who, active almost up to his hour of death, was never known to neglect a duty or fail in devotion to the interests of his profession—who, foremost in his desire to found this society, was always eager for its success and untiring in his efforts for its welfare.

Resolved, That these resolutions be entered upon the minutes of the society and a copy be sent by the secretary to the relatives of the deceased.

Medical Literature.

REVIEW OF NEW PUBLICATIONS.

Wharton's Minor Surgery and Bandaging.

The third edition of this excellent volume has been issued from the press of Lea Bros. & Co., Philadelphia. It is an unusually practical book of above five hundred octavo pages, printed in clear, easily-readable type, profusely illustrated and handsomely bound, and perhaps the most complete, as the most recent, hand-book on minor surgery. Nothing is omitted that belongs to minor surgery, while it contains much that is usually found in standard works on major surgery. The chapters on sutures and ligatures are unusually complete and well illustrated.

The ligation of arteries is thorough and explicit, while the sections on fractures and dislocations are intensely practical. In fact, the book is one of the best ready reference works in all minor surgical conditions and for many major ones before the profession.

Hayden's Manual of Venereal Diseases.

This is a handy manual of above two hundred and fifty pages by Hayden, of the College of Physicians and Surgeons, New York, which will prove an acceptable addition to the venereal disease library of the specialist and general practitioner alike. Its style is terse and clear, the author's views pronounced and explicitly set forth, the treatments largely surgical, and wholly based upon modern views of venereal disease causation. Hayden very properly holds that gonorrhea is "the most common and most venereal of all venereal diseases," and in suggesting that we must always remember, and so inform our patients, that it is at best a grave and far reaching disorder, is in line with the most advanced venereal-disease students of today. He does not hold the gonococcus of Neisser to be the invariable cause of gonorrhea, as do most pathologists, attributing it in some cases to other micro-organisms. His clinical divisions are clean-cut and practical, more so than the treatments outlined. The complications of gonorrhea receive their proper share of consideration, while stricture is discussed surgically and diagnostically with precision. Syphilis and the syphilides are quite fully treated of in Part III., chancroids receiving separate considerations, as they should, in Part II.

On the whole this is a commendable book, well worthy of study and consideration. It is from the press of Lea Bros. & Co.

Food in Health and Disease.

Yeo's hand-book on this important topic, by Lea Bros., is the "blue book" of the subject. Fothergill was formerly standard and contains a fund of valuable information. But the latest edition, the third, of Yeo forms a complete and modern treatise on somewhat different lines from other works on the same subject, and will be found invaluable to the careful physiological prescriber of sick-room nourishment. Nor is its use confined to the sick. Its dietary for the healthy is based upon strict physiological principles, and where followed closely will make sick-room diet largely unnecessary.

The first part of the book deals with "Food in Health" and "Ordinary Articles of Food and Drink." In it are to be found "Army and Prison Dietaries, School Dietaries and Feeding of Infancy and Childhood." In Part II. he discusses the "Therapeutics of Food," this part of the work being based largely upon a series of lectures by the author in King's Hospital, London.

The nutritive value of various classes of foods are considered in a chapter covering the albuminates, the carbo-hydrates, the hydrocarbons, the functions of mineral substances, stimulants and condiments—a chapter full of useful information. Individual foods, as beef, veal, poultry, cereals, eggs, cheese and butter, milk, roots, vegetables and individual fruits are all carefully considered from the view-point of the constructive physiologist, a value thus being imparted to the work of which the careful medical practitioner and student should be quick to avail himself.

In later chapters dietaries for individual diseases, as various fevers, diabetes, Bright's disease, gout and rheumatism, phthisis, anemia, obesity, neurasthenia, etc., are considered, both physiologically and therapeutically. The book has a proper place in the library of every progressive physician.

Ptomains, Leucomains, Toxins and Antitoxins.

This is the long but comprehensive title of a painstaking book by Vaughan and Novy, of the University of Michigan, which the student in chemistry and physiology will delight to revel in. It is one of those exceedingly thoughtful books upon which the science of medicine, as we know it to-day, is upheld. Not content with being satisfied with the ocular demonstrations of disease and the etiology as accepted by the every-day doctor who spends his time in treating that which he sees rather than in searching diligently for the causes thereof, the authors, whose department in Michigan's university is that of Hygiene and Physiological Chemistry, have successfully undertaken to delve deeply into the study of etiological considerations, with the result that they have given a work of unusual value to the physiological student and the chemist, and which the clinician who goes behind the returns for causes of the phenomena which confront him daily will prize highly as he becomes acquainted with its real merits. At first it seems hyper-profound and over-scientific. But it is not. It deals with every day topics in a masterful manner.

The poisonous properties of fish, meat, milk, cheese, ice-cream, sausage and other articles of food whose ptomains have brought their full share of disease are fully and plainly considered. The examination of poisonous foods is outlined succinctly. The bacterial poisons of diseases now commonly believed to be due to specific micro-organisms are discussed in relation to the diseases they produce, these chapters being especially practical. The chemistry of the ptomains and leucomains is exhaustive, chiefly of value to the chemist and student who has a fascination for this department, though it contains a great deal that is intelligible to the general practitioner and that will enable him to understand and comprehend the causative factors of every-day diseases to a degree not possible without this book. The chapters on Immunity, Antitoxins and Serum-Therapy are intensely interesting, and whether we accept the deductions of the authors or not we cannot but be edified and possess a broader understanding of the subject from their perusal.

The book is commended as one of the most practical of its kind, scientific to the last degree, and as possessed of contents of a character that cannot but be instructive to whoever reads them. It is from Lea Bros. & Co., Philadelphia.

Homeopathic Therapeutics of Diarrhea, Dysentery, Etc.

The fourth edition of Bell's monograph on Diarrhea, Dysentery, Cholera, Cholera Morbus, and Cholera Infantum has been issued by Boericke & Tafel, New York and Philadelphia. It has been carefully revised and re-revised, comparisons having been made between the symptomatology of the remedies given in previous editions with the bowel symptoms of remedies in Allen's Symptom-Register and Knerr's Repertory of Hering's Guiding Symptoms, the book, thus being verified by the latest acknowledged authorities in materia medica. During the nearly thirty years this little work has been before the profession it has served a most excellent purpose—that of assisting the practitioner to differentiate his remedies for the various relaxations of the intestinal tract, whereby more correct prescribing has been secured. The secret of correct homeopathic prescribing lies in the selection of the right

remedy at the right time. Many remedies have many symptoms in common. Bell has taken the pains to systematically arrange the symptoms of a large number of them with reference to their bowel symptomatology, and with reference also to their concomitant symptoms, often of chiefest importance, and thus has presented the "bowel picture" of nearly all of our truest and most tried remedies so plainly that the selection of the right one in a given case is very much simplified. The fact that the book has stood the test of a score-and-a-half of years and that it has passed through three previous editions strongly attests its value. Price, $1.50 net; by mail $1.58.

The Eye as an Aid in General Diagnosis.

In this volume of 248 pages by E. H. Linnell, M. D., published by Edwards & Docker Co., Philadelphia, the author has attempted to make plain the relation of the eye to many of the general diseases of the body for purposes of diagnosis, especially with reference to the location of intra-cranial and spinal diseases. Other and more general diseases and their effects upon the eye are also considered, but it is in th field of neurology that the work possesses its greatest merit. Chapter XX. is of especial interest to the student of drug-effects, the twenty pages covered by it being wholly devoted to the effects of drugs upon the eye. This chapter does not go extensively into the pathogenetic effects of drugs upon this organ, but crudely outlines their action, thus laying the foundation for correct homeopathic prescribing in many of its ailments. The brain and spinal reflexes are considered, the value of eye symptoms as they develop being duly set forth. The book is well printed and bound. Price $2.00.

Twentieth Century Practice, Volume IX.

Diseases of the Digestive Organs form the subject of this volume of the Twentieth Century Practice, by Steadman, issued by Wm. Wood & Co. In it we find Diseases of the Mouth, Diseases of the Intestines, Hernia, Diseases of the Spleen, Diseases of the Liver, Diseases of the Gall, Bladder, and Movable Kidney. The Diseases of the Liver are by Semmola and Gioffredi, of Naples. This section covers 336 pages, forming a valuable treatise, quite up to date in pathology, diagnosis, course of diseases of this organ, and fairly so in the treatment. The section on the Mouth, by Mikulicz and Kummel, of Breslau, deals wholly with the local diseases of the oral cavity, the treatment of the buccal manifestations of systemic disorders having been considered in Volume VIII. Twenty-two pages are given to consideration of carcinoma of the tongue, lips, cheeks, palate and floor of the mouth, the chapter being illustrated by two half-tones and a wood cut illustrative of carcinoma of the lower lip, epithelial cancer of the tongue and a microscopic section. Movable Kidney is the last section, it being the work of Kendal Franks, of Johannesburg, South Africa, about the last place from which we might expect successful authorship. But the section is replete with valuable matter, containing about all that is to be said on the subject unless it be viewed as strictly a surgical condition.

The section of the book in which American physicians will be most interested is that by Murphy on Diseases of the Gall-Bladder. This admirable section, and it is an admirable section, covers fifty-five pages of text, in which the distinguished author furnishes the most complete and yet the most succinct study of diseases of the gall-bladder presented in any recent work by his profession. The terseness of his sentences is refreshing. In acute empyema, for instance, he suggests that the medical treatment may be summed up in a single sentence. "Do not administer an opiate," going on to say that it obscures the symptoms, makes diagnosis more difficult and contributes nothing toward the cure of the disease nor the preservation of the life of the patient. His surgical descriptions are equally terse and practical, the section reflecting credit upon its author and the American profession, especially when compared with some of the more verbose though perhaps none the less scientific sections of the foreign authors making up the corps of contributors to the work.

Clinical Lessons on Nervous Diseases.

In Wier Mitchell's last book of 300 pages are given eighteen lessons on diseases of the nervous system from his ample clinic. In their preparation he has been assisted by his clinical corps. The cases used as texts for the subjects presented, from hysteria to ataxia, "red neuralgia of the extremities" and mental aberation, are those shown visiting physicians at his neurological clinic, and are described in his own inimitable style, his peculiar views regarding them being in many instances strikingly explained. In numbers of the cases the diagnoses have been extremely difficult because of the subtle character of the ailments and the complicating neuroses which have become a part of them, and the process of reasoning by which the author reaches his deductions has full scope. Most of the cases are rare, even unique, among them being Reynaud's disease and erythromelalgia, or the "red neuralgia of the extremeties," his cases of both these ailments being typical and of extreme interest. The book contains a number of characteristic illustrations, with two colored plates. Throughout are to be culled the best thoughts of the author in the management of nervous disorders, these being so distributed as to make it necessary to read the volume carefully from the first page to the last to glean them, not a difficult thing to do since it is highly entertaining from cover to cover. Price $2.50, Lea Bros. & Co.

McBride's Diseases of the Eye.

Boericke, Runyon & Ernesty, New York, have just issued a hand-book on diseases of the eye, by Prof. N. L. McBride, of the New York Ophthalmic College, in which the distinguished author sets forth his experience in eye diseases and operations in a form that will prove very useful to the busy practitioner. There are chapters devoted to the ophthalmic diseases, the diagnosis and correction of anomalies of refraction, operations on the eye and other important topics not heretofore published in any work on this subject by a homeopathic author. Throughout the text of the book the indications for the use of the homeopathic remedies are tersely given and in most instances the potency is also mentioned. An unfortunate tendency to give only the abbreviation of the remedies, as Bell, for Belladonna; Gels., for Gelsemium; Merc. Corr., for Mercurius corrosivus, etc., mars the literary style of the book. As dean of the ophthalmic college, whose clinics are among the largest eye and ear clinics in this country, Dr. McBride has had ample opportunity for observing the diseases of the eye as coming from general practitioners, and has reflected in this handy little volume about all that is necessary for the busy doctor to know of eye diseases in order to treat them with satisfaction and success until such time as they can secure the services of skilled oculists. The book is well printed, illutrated and bound and sells for $3 in cloth and $4.50 in morocco.

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JULY, 1897.

HAHNEMANN AND THE INSANE.

Not the least meritorious of the credits to be passed to the memory of Samuel Hahnemann is that due him for his radical and reformatory utterances in relation to the treatment of the insane, and the part he played in releasing these unfortunates from prisons and shackles. Yet this important credit is allowed to pass almost unnoted; we rarely see it referred to or hear it spoken of during efforts of our profession to secure to homeopathy a share of the public insane hospitals.

It is disputed that Hahnemann was the first to publicly declare in favor of the institution of mild measures in managing insane people. But history records that in the early part of 1791 he contributed a paper to the Reichensteiger, a newspaper given to the publication of scientific theses, in which he protested against prisons and dungeons, personal chastisements, hot irons, the horizontal board and other harsh treatments. Pliny is reported to have made the same public recommendations that year and is chiefly given the credit that belongs to Hahnemann. But though Pliny put forth the same line of argument in 1791 the fact remains that Hahnemann preceded him by several months, and that as early as the winter of that year he had in charge a distinguished patient whom he treated for a most violent madness in a manner quite at variance with the practices of that day. This patient was Herr Klockenbring, privy secretary of the chancery and minister of police for Hanover, whose mind had become dethroned from overwork, riotous living and extreme chagrin over being held up to public ridicule in a disgusting satire. Hahnemann's description of the insanity of his patient, as it appears in the Lesser Writings, is one of the most complete and interesting we have ever read. He took charge of Klockenbring in the winter of 1791-92, in a wing of the hunting castle of the Duke of Gotha. In the Monatsschrift for February, 1796, Hahnemann tells us that "After having been for several years much occupied with the treatment of diseases of the most tedious and desperate character in general, with all sorts of venereal maladies, cachexiae, hypochondriasis and insanity in particular, with the assistance of the reigning duke I established three years ago a convalescent asylum for patients affected with such disorders, in Georgenthal, near Gotha." It was here that he treated Klockenbring, and so careful was he to do nothing wrong in the treatment of his patient that he records that "For the first fortnight I only observed him without treating him medicinally."

The following are Hahnemann's reformatory sentiments, expressed in his own words, in a foot-note to the Monatsschrift article already referred to: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no responsibility, and since such patients deserve our pity and cannot be improved, but must be rendered worse by such treatment. He (Klockenbring) often, however, showed me with tears in his eyes the marks of blows and stripes his former keepers had employed to keep him in order. The physician of such unfortunate creatures ought to behave so as to inspire them with respect and at the same time with confidence; he should never feel offended at what they do, for an irrational person can give no offense. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthropy to relieve their sad condition."

These sentiments were voiced three years before the publication in Hufeland's Journal of the celebrated "Essay on a New Principle for Ascertaining the Curative Powers of Drugs," his first production bearing upon the history and establishment of homeopathy; hence whatever of objection obtains among his opponents to giving Hahnemann the credit to which he is entitled should not be allowed to weigh against him because he was the founder of the homeopathic system of medicine; for he voiced the sentiments later uttered by Pliny prior to having issued his first thesis on the subject of similia similibus curantur.

It should be a source of much gratification to us as homeopathists to recall the important part our illustrious founder played in breaking down the prison-bars behind which these unfortunates were confined; in loosing the shackles from their hands and feet; in cooling the irons which burned deep furrows into the naked flesh of the maniac; in splitting into kindling wood the horizontal boards which racked their physical bodies, and in the instituting of humane instead of diabolical measures for the control of these frenzied, reason-dethroned sufferers. And in listing the credits belonging to Hahnemann, for the remarkable heritages brought to the afflicted through his genius we should not forget to inscribe the reformation wrought in the treatment and management of the insane as one of the greatest blessings ever bestowed upon the unfortunate mankind.

AN EXAMPLE WORTHY OF EMULATION.

The citizens of Rochester have set an example worthy of emulation in every city in the United States, in the interest and liberality they are manifesting toward their most excellent homeopathic hospital. Its real estate is worth $230,358.15; it has certificates of deposit to the amount of $21,000, drawing five per cent. interest; its subscription account has reached the splendid sum of $175,550; its permanent gifts are the Watson Pavilion, built by the gift of Mrs. Don Alonzo Watson, at an expense of $16,000; the Sibley Pavilion, at a similar cost, the gift of Mrs. Hiram Sibley; the Watson Surgical Pavilion, built at an expense of $7,000 by Mrs. Watson and furnished by her daughter; the Hollister Ward, built at a cost of $6,000 by Mrs. Watson and maintained by Mrs. Granger Hollister; the Brothers' Cottage for contagious diseases, built by Mr. and Mrs. Hiram W. Sibley at a cost of $3,800; an Ambulance House and ambulances, horses and complete outfits provided by Mrs. Henry H. Perkins; several special private wards, built in memoriam and sustained by friends of deceased in whose memories they have been erected; and a dozen or more private rooms furnished in memoriam, as well as a number of endowed beds. Above ten thousand dollars were given as cash donations and subscriptions during 1896, and special gifts of a new ambulance on runners by Mrs. Perkins, a microscopical outfit by Mr. Sibley, an "X Ray" outfit by Mr. Watson, with a photographic outfit by Mrs. Eastman, and a special newly invented one hundred dollar bandage-winder by Mrs. Perkins, swelled the list of values. There is now under way a new surgical operating room, to be the finest in the country, at a cost of $7,000, supplied with all modern appliances and conveniences known to architectural science as related to surgical art.

This most excellent hospital is the special pride of a large number of Rochester's citizens who stand with open pocket-books and willing hearts to do whatever may be needed for the care of the sick and afflicted. With them it has become a permanent and enjoyable charity. They love their hospital and love to do for it. Its needs are a study with them—the supplying of its wants a pleasure and pride. Without having been made full aware of it, as they have gone along in their hospital charitableness they have come to be a part of its service, and it has so entered into their lives that they enjoy their relationship to it and take the greatest possible degree of interest in everything pertaining to its welfare.

And right royally are they supported by the local profession. The hospital treated last year 1,305 patients. Of this number 502 were non-paying patients, this giving evidence of nearly fifty per cent of charitable work. The average number of days per patient in the hospital was twenty-four, showing that 12,048 days of charitable attention in a splendidly equipped and magnificently conducted hospital were provided during the year. Surely, here is reward for all the good deeds done by these most worthy people.

AN ETHICAL SITUATION.

For humanitarian reasons the question of personal liberty is a not very elastic one in so far as it touches the doctor. It may be hard to get out of bed at one o'clock on a raw winter's morning to go to a poor man's house to wait with obstetrical patience upon his wife, and to know the while that a fee is not among the possibilities. Yet as a man, and especially as a doctor, the solicited physician must heed the call upon his humanity and his professional character.

He must, we say; but unless he is yet very near to the day of his Oxford cap and gown, and unless the Hippocratic oath is still in his ears with that same uplifting ring that it carried when first he heard it, he doesn't.

He sends a younger man.

A case was recently exploited by the New York press which gave evidence, however, of progress toward the further emancipation and independence of the physician. A party of hunters were examining a gun on the south shore, near Woodsburg. The gun was discharged, and one of the men badly wounded. A physician who was passing in a boat was recognized by one of the party and asked to come ashore to dress the wound. The physician showed his superiority to the hide-bound cult of the brotherhood by replying that he hadn't time. Thereupon one of the men started to apply ethics at bullet-range, with salutary and convincing effect. The physician responded to the cold nose of the rifle without further comment.

Even with this evidence in hand we feel that we can hazard the prediction, just the same, that the day is coming when the doctor can put on haughtiness and say to the sick and the burnt and the cut and the broken, "Run away; I haven't time."

Let us be nothing, if not supreme.

It will surely come to this if the pace of these closing years of the century is kept up.

A DEGENERATE PROFESSION.

The old-school medical profession of Missouri are showing themselves to be, in spots at least, a degenerate profession—a last remnant of the intolerant and intolerable old-school of a hundred years ago. Various county and district meetings which have been held have recently resoluted in incendiary language against Gov. L. V. Stephens for his justness in appointing a homeopathic superintendent to the Fulton Insane Asylum. As an example of this intolerance the accompanying preamble and resolutions adopted at the Central District Medical Society, at Sedalia on May 5th, are offered in evidence:

"Whereas, His excellency, Governor Lon V. Stephens, in the exercise of doubtful and indiscreet power delegated to him by legislative authority, has

seen fit to depart from the honorable prestige of his worthy predecessors and displace from the control of the State lunatic asylum No. 1 those whose influence and ability have made the asylum one of the great charities of the West, and placing it under the control of the homeopathic school of medicine, and in the persons of those devoid of experience, illiberal and sectional in science and art.

"We, the physicians of the Central District Medical Society of Missouri—an organization for the advancement of true and genuine science (Whew! How we apples do swim!—Ed. M. C.) and in behalf of the common afflictions of humanity—express our regret that the highest officer in the State should lend himself to the infatuation of factional science, and to the hallucination of unscientific imagery (This is good; very good.—Ed. M. C.); wherefore, be it

"Resolved, first, That by this act of the Governor he has forfeited the respect and esteem of all lovers of science and humanity, as well as the impartial citizenship of the State.

"Second—That this procedure on his part indicates a mental condition which fails to appreciate the mission of science of rational medicine.

"Third—That he fails to appreciate the condition of that unfortunate element in social life who are deprived of their reasoning power, subjecting them to the management of an inexperienced corps of experimenters, who lurk upon his favor for reward.

"Fourth—That by the unwarranted innovation upon the helpless occupants of charity of the State he has prostituted his high office for base purposes and unmanly motives.

"Fifth—That we, by these proceedings, in the name of science and the interest of our common humanity, do enter our solemn protest against the exercise of power by a bewildered partisan receiving and holding his office by the suffrage of a free and intelligent people.

"Sixth—That this society approves the conduct of Drs. Young and Biggs in refusing to resign their positions except for cause."

Chorus: "Science! Humanity! Infatuation! Science! Hallucination! Imagery! Science! More Science! More Imagery! More Humanity! More Science!" etc., ad infinitum ad nauseum.

In addition to the resolutions of this association similar ones were passed, after a perfect tornado of abuse had been voiced, in the Linton District Medical Society a few days before.

Homeopathy has been placed in charge of two insane asylum in the state of New York and one each in Massachusetts, Michigan, Minnesota, California, Illinois and Missouri. But it remains for the profession of the latter state alone to exhibit bigotry which ought to bring upon it the condemnation of all fair-minded men of all professions. To hear their fearful orgies one would be led to think they had been absolutely defrauded; that all the positions in Missouri had been taken away from them; that their right to practice their profession had been rescinded and that they had been turned loose upon the cold, cold world without a habitation or a home. As a matter of fact, they retain all the medical positions of Missouri with the exception of one member on the State Board of Health and this one asylum. They still have the asylums at Nevada and St. Joseph. And not satisfied with this it is their wish and purpose to have a medical monopoly in their state if it be possible to secure it; hence their avowed intention to oppose in every possible manner the re-election of Gov. Stephens in two years.

It is interesting to note in this connection that the governor is growing a trifle restless under the animadversions and invectives of the allopaths and is doing a little thinking and talking for himself. In a recent newspaper interview he expresses himself as follows:

"Their resolutions remind me of those adopted by some gentlemen who met not many years ago on a noted occasion. They resolved, first, that this country is for the Lord's people; resolved, second, that we are the Lord's people, and, therefore, the earth and the fullness thereof is ours, and we shall govern ourselves accordingly.

"The allopaths are not talking about me any more bitterly than they are about themselves, and if they can stand it I am sure I can. I never saw two of them in my life agree upon any one proposition, with the exception of the one that they despise the homeopaths and all others who differ from them.

"I have, however, no war to make upon them and have treated them, since my inauguration, courteously at all times. Every state institution in Missouri is in their control with the exception of the one at Fulton. The homeopaths of the state pay from one-fourth to one-third of the taxes of the state, and I think that they are entitled to some recognition at my hands. In many of the states of the Union they are given control of one or more of the state institutions, and their record in every instance has proven excellent and eminently satisfactory to the public, and I see no reason why they should be ignored in Missouri.

"I will say in this connection that, while it is not my intention to make any threats, if the allopathic doctors continue to amuse themselves by passing slanderous resolutions against me because of this action I will be forced to turn over, instead of one institution to the homeopaths, every institution in the state within the next two years."

"Is it your intention to give the homeopaths equal representation on the state board of health?"

"While the homeopaths are prevailing upon me to do this, I have not made up my mind that they are entitled to equal representation. However, a committee of homeopaths will wait upon me within the next few days to present their claims further. After hearing from them I will give the matter careful consideration and then decide what is the proper thing for me to do."

It would serve these people exactly right if Gov. Stephens were to carry out his implied threat; it would teach them a lesson that they would long remember were he to act upon this course and place homeopathists in charge of the St. Joseph and Nevada asylums also, and at the same time it would teach the people a lesson—would show them that it is possible to carry on public institutions of this character in a more economic manner, with better results as to percentage of recoveries, better results as to percentage of deaths, and better results as to length of confinement in the asylums if all of them were placed under homeopathic management.

Let the allopaths rant and tear their hair and bel-

low their mad bellowings and proclaim themselves the salt of the earth and indulge in all the abuse of which an intolerant and bigoted sect is capable; and at the same time let Gov. Stephens understand and know that a more liberal profession commends his course and that it will, through its representatives appointed to important trusts, so reduce the death records and so increase the recovery records that at the end of his term of office the people will have been brought to see the wisdom and judgment manifested by him in assigning the care of the unfortunate wards of the state to a modern and progressive system of medical practice.

NO NEW MEDICAL LAWS FOR ILLINOIS.

The bills before the legislature which adjourned June 4th proposing the creation of examining board legislation for this state failed in committee. Neither of them saw the light of day. Both were very properly buried in committee room with other rubbish which ought never have been introduced into the house or senate.

One proposed a one-board examining bill, which was not satisfactory to the allopaths in that they were not to have a majority of the members, not satisfactory to the homeopaths in that it did not specify that a certain proportion of members from the various medical sects was to be forever maintained, and not satisfactory to the eclectics in that the two members proposed for them were simply thrown as a sop to keep them from objecting to the enactment of a law the eclectic profession have never asked for anywhere.

The other bill proposed three separate examining boards of nine members each, a board for each of the three generally recognized schools, and a medical council—a veritable medical menagerie—part allopathic, part homeopathic, part eclectic, part educational and part political. The examiners were to examine the applicants and the medical council was to watch the examiners and see that no one was defrauded by them out of their legitimate rights. The whole scheme was top-heavy, cumbersome and unsatisfactory. No one experienced in the preparation of medical-practice acts would for a moment have thought seriously of asking practical lawmakers to enact such a measure into a statuatory act.

Illinois has a very good medical practice act. It is based upon the right principle, that of going right at the root of the evil of incompetency, the fountain source, the medical colleges. It is probably true that it is not an ideal measure and that it needs strengthening in important parts. But the necessary improvements may be accomplished without special legislative enactments, or without completely upturning the system which has been in vogue in this state for a great many years and which has accomplished much good for the people and profession. Now that the legislature has not seen fit to overthrow the methods so satisfactory to the great majority of the profession, those so enthusiastically in favor of higher medical education who condemn as "wide-openists" and "trailers" all who fail to see the necessity for the introduction of a system of medical control presenting many objections, may well set about trying to improve upon present methods without attempting radical changes in type of legislation.

There was no great uprising of sentiment among the medical profession demanding new legislation, and absolutely no evidence of interest upon the part of the people of Illinois. Therefore it may be said there was no demand for absolutely new enactments. Let us improve those we have and thus further elevate an already elevated standard by sensible methods and be satisfied with reasonable accomplishments.

FOR THE GOOD OF THE ORDER.

The close observer of the affairs of the American Institute of Homeopathy cannot have failed to notice a necessity for reforms in several directions.

The sessions are too long. The American Medical Association is satisfied with a four days' session and it is a larger body than ours. Better a busy, snappy, lively from-start-to-finish convention than a slow, long-drawn-out, tedious session of seven or eight days attended clear through by only a minority of the faithful. Doctors cannot stay away from their practices so long, as a rule, and those who can like to spend a part of the time in rest and not all of it in convention work. Shorten the sessions and we will have better meetings.

The Institute is not as largely attended as it should be. Nor will it explain to suggest that "politics have done it." The Detroit meeting was presided over by one of the most unpolitical and popular presidents of recent years, and the Centennial of Homeopathy was on, also; yet the meeting was the smallest and most disjointed of the decade. We may look beyond the horizon of politics for the meagre attendance.

There is too much routinism in the make-up of the officers and committeeships. Only the president and vice president are elected anew each year. All the other officers are elected and re-elected. Likwise the important committee chairmanships. Some men have held the most important places from time immemorial, while equally faithful Institute attendants and equally competent and willing members are not honored at all. In some instances a single member has been down for two, three, four and even five committeeships while other capable and willing members are allowed to sit on the benches year after year with not a single appointment to increase their interest in the Institute or to make them feel more loyal toward it or more like urging their colleagues over the country to join it. This is one of the most noticeable and inexcusable abuses which prevails. It should be corrected. If necessary there should be a by-law that no member

be appointed on more than one standing committee, and for but a year at a time. There should be absolutely no exception to the rule. There is no man so well qualified for a position of responsibility but that there are others equally well qualified. Let the honors and work be more equitably distributed and let the fact become known that this policy is a permanent one; it is believed there will be engendered a better feeling toward the body.

The finances are out of kelter. The Institute is too extravagant. For instance, it has become the rule in late years to supply every important committee and every section with its stationery. This is unnecessary. Nothing is gained by it except a little advertising for the chairman of the section or committee using the same, while the bill amounts to no inconsiderable item for the Institute.

The expense bills of some of the officers are too large. The "Suite with bath" member should pay his own bills, no matter who he may be. It is difficult to see why the hotel and traveling expenses of one officer should be paid by the Institute and not those of all. If it so happens that an officer is unwilling to continue in office unless the Institute provides his expenses in handsome manner from year to year elect some one else. Expenses to and from the meetings may well be discontinued, except, perhaps, in the case of salaried officers whose work is of the clerical kind. Even here we may well keep them down to the minimum during the present financial straits.

The dues of two hundred seniors at five dollars a year would help the Institute out of the hole and their payment would make a better feeling toward the body in a great many directions. The thousand dollars thus lost is sorely needed, and it is believed when the facts become known the senate will not be found objecting to paying their dues like common mortals. It is true they have paid for twenty-five years. But it is also true that they have had twenty-five years of quid pro quo—of Institute Transactions, Institute membership, Institute pleasures and associations and benefits. Seventy-five per cent. of the senate are better able to pay their dues than are seventy-five per cent. of the members and ninety-five per cent. of the profession at large. There is a great deal of human nature in mankind; and as our observation goes it is clear that this exemption is one of the operating causes for the disinterestedness of the profession at large. The idea has gone abroad, whether justified or not, that the senate is an aristocracy which enjoys most of the offices, the best committeeships and exemption from payment of dues. The "Why?" of this is not always carefully inquired into. The facts only are weighed, and these perhaps not over-carefully. At state meeting after state meeting when we have raised a voice in plea for the Institute and a larger attendance of the profession at large we have been met by reference to this situation and remarks to the effect that it is an exclusive, undemocratic body in which general membership carries with it dues-paying and bench-warming privileges. Perhaps it may be just as well not to pay attention to this impression, but to allow it to continue and to let those who raise questions of this character come in or stay out, as they choose. But, again, perhaps it may be just as well to meet the issue squarely and place the entire membership upon equal footing, from the financial view-point, especially since there are financial reasons why some such step is amply justifiable at this time. Nor is it believed the members of the senate will mistake the motive which prompts the suggestion, no matter how jealous they may be of the privileges and prerogatives belonging to this special membership. What is best for the good of the order should prevail, and that only. We are within a year or two of exemption, consequently are sure we shall not be misunderstood.

There is an extravagance in the distributon of the Transactions which may well be corrected. A great many copies are sent abroad and to colleges, libraries, hospitals and other like institutions which are practically wasted. Duplicate volumes are also sent to the journalists who are members. For years we have been receiving two copies annually, when one is all we need. This is a wasteful extravagance which should not be allowed to continue. We take it that every volume issued represents a dollar or two or perhaps three, in first cost and expressage; there are twenty or thirty or more journalists and scores of hospitals and libraries. Here is a saving of hundreds of dollars. By all means take advantage of it.

Then, too, there is need for reform in the matter of shipping the Transactions to members. They are sent out individually by express. A change in plan of distribution would save the Institute many a dollar. Where a half a dozen or more members reside in one city the book might be shipped by freight to a local distributing office. If required, such local distributing office might also undertake the collection of the annual dues in cases wherein members are behind, and thus there be husbanded a good many dollars now spent in postage and expressage.

It would seem that it should be hardly necessary for the journals to discuss matters of this character; but unless the members of the Institute are brought to understand the situation it will be difficult to bring about the reforms required to insure a better financial condition.

If we allow leaks at the spigot, as in the little matters referred to, and continue the leak at the bung, as in the thousand dollars a year of our two hundred exemptions, we may as well accept the financial situation as a permanent one and go on from year to year with a depleted treasury. And if we continue the routinism in offices and committeeships which has been the rule for lo, these many years we may just as well now as later accept an abridged usefulness, an abridged membership, an abridged inter-

est in the Institute upon the part of the profession at large.

The American Institute of Homeopathy is too grand a body of men and women, its possibilities are too great, its meetings too valuable, the benefits and pleasures to be derived annually from attendance upon it are too wide in scope and too improving in character for it to continue as at present. A few changes in directions outlined, and perhaps in others not thought of at this time, will, we earnestly believe, operate for the good of the order. Surely there be need for a change of plan in many important particulars. And if it so happens that we have not struck the key-notes and that others may develop the remedies which shall make the Institute more of a body of, for and by the whole profession than now we shall most cheerfully fall in line and work in harmony with the sages and seers toward anything which will bring about the results so much to be desired.

The views herein voiced are expressed with the utmost of good feeling for every member of the Institute, from the entered apprentice of this year to the member whose feet have been burned by the hot sands of the desert. Give us such a reorganization, from the financial and civil service bases, as will insure the greatest good to the order, and we shall rejoice with exceeding joy, even though none of the suggestions presented be deemed worthy of consideration.

Editor's Table.

GENERAL NEWS-NOTES AND COMMENTS.

Dr. Geo. J. Roberts has located at Zanesville, Ohio.

Dr. Lila B. Buchanan has located at Wausau, Wisconsin.

Dr. F. E. Pierce has located at 127 Robinson avenue, Austin, Ill.

Dr. B. S. Arnulphy has moved to 53d street and Jefferson avenue.

Dr. R. G. Knapp, Chicago, has removed to 1236 Jackson boulevard.

Dr. S. V. Powers, Hahnemann, Chicago, '97, has located at Berwyn, Ill.

Dr. G. A. Crawfis removed recently from Galveston, Texas, to Vallejo, California.

Dr. E. G. Keifer, of Harvey, Ill., is visiting in London, Ohio, and will return July 1st.

Dr. A. H. Lewis has recently located at Victor, Colorado, in the great Golden Circle

The Illinois Senate killed a compulsory vaccination bill by a decisive vote on May 28th.

Dr. C. W. Day, Chicago, is located at 3035 Indiana avenue. He resides in Woodlawn.

Drs. Hunter, Sr. and Jr., have located at Sixty-third street and Madison avenue, Chicago.

Dr. H. W. Basset of Oak Park is spending a short time in California. He will return July 1st.

Dr. Ward J. Renwick, Cleveland University of '97, is now at 66 Goff street, Auburn, Maine.

Dr. Chas. Zurmuhlen, of Cincinnati, has moved from 758 Clark street to 4136 Langland avenue.

Dr. W. R. Elder, Terre Haute, recently underwent operation for cataract with fairly successful results.

Dr. R. F. Worth, of Central Park avenue, Chicago, has moved into his new home at Lawndale.

Dr. W. D. Culin, Philadelphia ,has been elected president of the Trousseau Clinical Club, that city.

Dr. J. W. Willshire has moved from Indiana Mineral Springs to 1678 West Flournoy street, Chicago.

Dr. J. L. Mackey, recently of Deadwood, South Dakota, has returned to his old location, Sandusky, Ohio.

Dr. T. P. Wilson has removed from Detroit to his former home, Cleveland. He is greatly improved in health.

Dr. Fred L. Lewis, Cleveland University of Medicine and Surgery, '97, has located at West Farmington, Ohio.

Dr. C. F. Eagan, Chicago, has been elected secretary of the Illinois State Board of Health, vice Dr. J. W. Scott.

Dr. H. H. Baker, Chicago Homeopathic, '97, has located at 6239 Monroe avenue, Chicago. Telephone Oakland 356.

Dr. Amy L. Sylvians, one of the '97 graduates of the Cleveland University of Medicine and Surgery, has located at Lima, Ohio.

The training school connected with the Chicago Homeopathic Hospital is called the J. S. Mitchell Training School for Nurses.

Dr. I. T. Talbot, Boston, is in Europe and will not be in attendance upon the Buffalo meeting, the first he has missed for many years.

Dr. H. A. Noyes has returned to his practice in Mt. Carroll, Ill., much improved in health from a sojourn in Asheville, North Carolina.

Dr. and Mrs. S. S. Salisbury, of Los Angeles, spent a few days in Chicago the first of June on the way to New York and the Institute meeting.

Dr. Frank Caulkins Bunn, of Orange, New Jersey, will spend the months of July and August at Edgerton, Martha's Vineyard, Massachusetts.

Dr. and Mrs. J. R. Kippax, Chicago, will spend the summer on the seashore, Dr. Kippax's office remaining closed for the months of June and July.

So great is the increase in our subscription list within two months that we have been compelled to issue three hundred more copies than formerly.

Dr. S. R. Geiser, Cincinnati, sailed on the Paris on June 9th and will spend the season abroad in hospital review in London and European hospitals.

The Medical Century's Insane Hospital number has met with an exceedingly cordial reception. From all sides there is nothing but praise for it.

Dr. E. S. Breyfogle, San Francisco, has recently returned from an extended trip abroad and has resumed his practice in the Pacific Coast metropolis.

Dr. Susie Isaac, who has been for some time at Lehigh, Kansas, will leave that point early in June. Dr. Isaac has not yet decided upon her future home.

Dr. G. J. Bennett, late of the firm of Drs. Parker and Bennett of Warsaw, has located at Waterloo, Iowa. The Drs. Parker continue in practice at Warsaw.

Dr. M. A. Hill, Earlville, Ill., knows of two good locations for physicians who can speak German. He will cheerfully give answer to inquiries relating thereto.

Dr. G. W. Bowen, Fort Wayne, Ind., underwent an operation for senile cataract in the winter. He is now convalescent, with his health and sight much improved.

Dr. Eugene E. Shutterby and Miss Bettie Miller were married at Louisville June 9. They will be

"At Home" at 1423 Chicago avenue, Evanston, Illinois, after July 15th.

Dr. H. Miller Robertson, the Medical Century's former representative at the Southern College, Baltimore, and who got his diploma this spring, has located in Detroit and is prospering there.

Fifty-six patients were admitted to the Montreal Homeopathic Hospital during March and April. One hundred and seventy-eight were treated in the dispensary. Pretty good, that, for Canada.

The June Medical Visitor publishes the lists of homeopathic physicians in Louisiana, Maine and Maryland. Louisiana has thirty-four, Maine one hundred and five and Maryland ninety-one.

Dr. D. H. Beckwith, Cleveland, has issued an entertaining reprint of a paper read before the Ohio State Homeopathic Medical Society on the early history of homeopathy in Ohio. It is full of interest.

Dr. George N. Sternberg, surgeon general of the United States Army, has been elected president of the American Medical Association for the next year, succeeding Dr. Nicholas Senn, of Chicago. The meeting for 1898 will be held in Denver.

They say that Dr. Geo. B. Peck, of Providence and the American Institute of Homeopathy, was ordained as minister in the Baptist church at Newport, in which the American Institute meeting was held some two or three years ago, on April 16.

The local committee of arrangements at Buffalo have sent out for the photographs of a number of members of the Institute to be used in the daily press, preferring to supply legitimate photographs than to have off-hand sketches used as subterfuges.

Dr. Kraft, editor of the American Homeopathist, visited Chicago last month on his return to Cleveland from St. Louis. He paid the editorial sanctum of the Medical Century the compliment of an appreciated call. Very right! Call again, always.

Dr. Wallace F. Grosvenor has returned from Europe and is located at 185 Lincoln avenue, Chicago. He spent six months in pathological study at Prague and the remainder of the year at Dresden and Berlin in obstetric and gynecological research.

The legislature of Illinois passed a law at its recent session regulating the practice of osteopathy and exempting it from the requirements of the medical practice act of the state board of health, but Gov. Tanner vetoed the act and it failed to become a law.

Dr. R. B. Cuthbert, Rome, Georgia, a pretty southern city of 5,000 population, will introduce a successor free of charge if the right man presents himself. He does not wish to sell out, but intends removing north and doesn't wish Rome to be without a Homeopath.

The Materia Medica Club is a local medical society which meets at Hering Medical College twice a month, the first and third Saturday evenings, for the study and exemplification of homeopathic materia medica. Dr. H. C. Allen is the founder of this new society.

The hotels of Buffalo having refused to extend the usual customary courtesies to the journals the fraters, Porter, Van Baun, Kraft, Knight, Pierson, Gatchell, Arndt, Kershaw, Aldrich and the rest of the editorial corps of the Institute will live at "the Russell house"—sleep where they can and "rustle" for their meals.

The Northwestern Monthly, an educational journal published at Lincoln, Nebraska, will devote its July number to "The Physical Child." Among the numerous papers which it will publish bearing upon the physical welfare of the school-child is one by our Dr. C. F. Menninger, of Topeka, on the Medical Inspection of Schools.

The next meeting of the Southern Homeopathic Medical Association will be held at Nashville during the Industrial Exposition in October, the meeting having been forwarded from November in order to take advantage of the exposition rates and attractions. The dates are the 19th, 20th and 21st of October. There should be and doubtless will be a large attendance.

It is not often that the Medical Century has the privilege of publishing an article from a post-mortemed contributor, and it is therefore with unusual pleasure that it invites the attention of those of our readers who may have noticed its obituary of Dr. A. Cuvier Jones, in its April number to his very much alive communication from Las Cruces in another column.

The allopathic doctors of the state do not like the proposed examining board bills any more than do some of us. At the meeting of the county society at Ottawa last month Dr. J. W. Pettitt, who was one of the originators of the mixed-board bill, explained it to that body, and the newspapers report there was not a doctor present who did not have some objection to it.

Dr. W. A. Phillips, Cleveland, is the dean of the consolidated college in that city, Dr. G. J. Jones vice-dean. Dr. Phillips was dean of the Cleveland University of Medicine, Dr. Jones of the Cleveland Medical College. Dr. Charles C. True is the new registrar, Dr. Harlan Pomeroy occupying the office of treasurer. Now kill off the first man who raises a note of discord in Cleveland.

The officers-elect of the Maine Homeopathic Medical Society are Dr. W. Scott Hill, Augusta, president; Dr. Nancy T. Williams, Augusta, second vice-president; Dr. M. S. Holmes, Oakland, second vice-president; Dr. Cora M. Johnson, Skowhegan, secretary; Dr. Bryand Spencer, Union, corresponding secretary; Dr. W. W. Pulsifer, Waterville, treasurer. The next meeting will be held at Augusta the first Tuesday of next year.

"The Doctor's Window" is the title of a volume of poems by the doctor, for the doctor and about the doctor, being edited by Ina Russell Warren, soon to be issued by Charles Wells Moulton, of Buffalo. It is to contain a variety of the choicest poems of the great authors in which the physician and his work is introduced, as well as a select collection of poems by modern authors, especially by physicians. Hood's "Ode to Hahnemann" and a number of Helmuth's poems are noted as among those promised.

In a recent letter Dr. J. W. Parker, Warsaw, commends the June number of the Century as being especially interesting and timely. He is of the opinion that the profession desires to know all it may be able to learn of its public institutions, and that such information as the June number contained about our Insane Hospitals may be used to great advantage by physicians with their patrons and citizens and in controverting the statements of the old school that we are not an organized and established profession.

The Covington, Ky., free homeopathic dispensary, opened in May, 1896, has dispensed its charity to above a thousand persons during the year, the number of prescriptions recorded reaching above 3,500. Forty-eight general surgical operations were performed and fifteen ophthalmological operations. The dispensary is in part sustained by the public and the deficiencies are met by the Kenton County Homeopathic Society, under whose auspices home-

opathy in Covington has been making rapid strides during the past year or two.

Dr. J. P. Sutherland has resigned the editorship of the New England Medical Gazette, which post he has most acceptably filled for a great many years, because of the increase of his duties in connection with the Boston University School of Medicine incident to Dr. Talbott's ill health and absence. He has been succeeded by Dr. John L. Coffin as editor and Dr. Anna T. Lovering, associate editor.

The Minnesota Institute of Homeopathy held a well-attended and successful session in May at St. Paul. The following officers were chosen for the ensuing year: President, Thos. Lowe, M. D., Slayton; first vice president, D. A. Locke, M. D., Minneapolis; second vice president, A. G. Moffatt, M. D., Howard Lake; treasurer, Bessie P. Haines, M. D., Minneapolis; secretary, Henry C. Aldrich, M. D., Minneapolis.

California held a most successful state society meeting at Mt. Lowe. near Los Angeles, in May. Twenty-eight new members were admitted, the entire attendance being above fifty. The next meeting will be held in San Francisco. Dr. George H. Martin was chosen president—an excellent selection—Dr. M. B. Campbell first vice president, Dr. Caroline Guild second vice president, and Dr. Eleanor Martin secretary. The president and secretary are husband and wife—and a good pair to draw to for the success of the next meeting.

Massachusetts elected the following officers for the state society for the ensuing year: President, Dr. H. P. Bellows, Boston; vice presidents, Drs. George S. Adams, Westborough and N. W. Rand, Monson; corresponding secretary, Dr. F. P. Batchelder; recording secretary, Dr. Frank C. Richardson, Boston; treasurer, Dr. Winslow B. French. Dr. Herbert C. Clapp retired from the treasureship after twenty years' continuous service in that office, receiving an unanimous vote of appreciation and the appointment of a committee to procure some tangible expression of the appreciation of the society.

The legislative committee of the Illinois State Homeopathic Medical Society is made up as follows: Dr. H. W. Bascom, Ottawa, chairman; Drs. J. B. Dunham, Wenona, W. E. Taylor, Monmonth, N. B. Delamater, Chicago, O. B. Blackman, Dixon, C. E. Colwell, Aurora, and W. P. Armstrong, Springfield. Dr. Armstrong is secretary of the committee. An auxiliary committee composed of one from each senatorial district is to be created. The committee solicits the views of the profession of the state that it may act in conformity with the wishes of the whole profession, not only of the cities but of the country also.

The Kentucky profession held an unusually successful meeting of their state society at Covington on May 26th and 27th. The attendance was larger than at any previous meeting. A public session was held on the evening of the 26th at Odd Fellows' Hall, which was largely attended by citizens and friends of homeopathy. Several members of the profession of Cincinnati attended the meetings. The place of next meeting was left to the executive officers. Dr. W. F. Reilly of Covington was elected president, Dr. E. H. Griffith of Henderson vice president, Dr. F. W. Fishback of Newport secretary, and Dr. J. W. Krichbaum of Danville treasurer.

Nebraska has joined the ranks of the states refusing to adopt the examining-board plan of control, but properly took steps toward the elevation of the standard of medical education by demanding that applicants shall present diplomas from colleges requiring four full courses of lectures of not less than six months each, in separate years, as a prerequisite to the securement of license. This stringent feature was adopted upon the demands of our representatives, particularlly Dr. B. F. Bailey. All homeopathic colleges meet these requirements, while but a small minority of allopathic schools require four courses of lectures.

The commencement exercises of the homeopathic department of the University of Michigan will occur about the first of July. This department gives the longest course given by a homeopathic college, not excepting the Boston University School of Medicine. And the profession will eventually justify the thoroughness of our university schools as against the shorter terms of the corporate colleges. All should be lengthened to at least eight or nine months. This will do away with the necessity of complex and cumbersome medical legislation to a large degree. Give us more ante-graduation education and less post-graduate legislation will be required.

The Wisconsin State Homeopathic Medical Society held a successful meeting at Milwaukee May 26th, 27th and 28th. Dr. F. P. Stiles, of Sparta, was elected president, Dr. A. R. F. Grob, Milwaukee, first vice president; Dr. A. Schloemilch, Portage, second vice president; Dr. F. A. Forsbeck, Milwaukee, secretary; Dr. Evelyn Hoehne, Milwaukee, corresponding secretary, and Dr. J. Lewis, Jr., Milwaukee, treasurer. Drs. Beebe of Milwaukee and Dale of Oshkosh were appointed delegates to the American Institute, and Drs. Pennoyer, Paine and Sherman delegates to the Inter-state committee of the Institute. The next meeting will be held in Milwaukee in May, 1898.

Dr. B. F. Saylor, a '97 graduate of the Homeopathic Medical College of Missouri, has successfully passed the examination for internes to the St. Louis City Hospital and will be assigned to a division at once. While the homeopathic college has held weekly medical and surgical clinics at this institution for a number of years never before could its graduates be induced to take the examination, believing that the prejudices existing would make it impossible for them to gain admission. The wedge has been started; now let others of our young men graduating at St. Louis hammer away at its base until we become an established part of the hospital corps. Dr. Saylor was tutored by Dr. Willis Young for the trying examination he successfully withstood, and, naturally, both preceptor and applicant are pleased with the result.

Is the Hahnemannian Monthly in possession of the information that the latest bill proposed by the friends of removal of the homeopathic department of the University of Michigan to Detroit proposed continuing the college under the same destroying regents who have control of it at Ann Arbor? If so, wherein the force of the suggestion that the school would be likely to prosper to better advantage under these self-same destructionists at one place than at another? 'Tis bosh to talk about the regents wishing to destroy the college. They have no reason for such action, some of them are patrons and friends of homeopathy, all of them are believed to be acting as fairly as human beings can be expected to act in the face of the continuous indictments made in anger and vehemence against them by some of our profession, and if we are but fortunate enough to secure a faculty void of the genus crank for a few years the college will grow and prosper as never before. The very incongruity in compo-

sition of several of the faculties the school has had in recent years has been enough to give it its death blow and to cause the regents and everyone else to be disgusted with us, and we with ourselves. What the journals should do from this time on is to scotch the very epidermis off the first man in the faculty or profession of Michigan who raises a row about or in connection with the college.

If the approaching meeting of the American Institute of Homeopathy is not a complete and enjoyable success it will not be the fault of President Custis, who is laboring faithfully to make it an unusually harmonious and agreeable meeting; nor the fault of the local committee of arrangements, who are striving faithfully to cover all their possible functions that nothing may be left undone for the edification and pleasure of their guests; nor yet the fault of the chairman of the transportation committee, Dr. Cowperthwaite, who is laboring zealously with the railroads for the securement of the best possible fares to and from the meeting. Buffalo offers many advantages and attractions as a convention city, the season of the year is the most delightful at which to visit Niagara Falls and vicinity; there is a large and enthusiastic homeopathic population close at hand, hence the success of the meeting is assured. We of the outlying districts should not allow ourselves to be kept away. Our national association needs us and we surely need its benefits and influence.

The Nebraska Homeopathic Medical Society held an unusually successful and well-attended meeting at Lincoln May 26th and 27th. The bureaus nearly all made excellent reports, the papers being of high-class and liberally discussed. A banquet was held on the evening of the 26th, at which toasts were responded to by Drs. Montgomery, Leake, Starr, Mann., Hanchett, A. P., Hanchett, W. H., Foot, and Lange, the toastmaster being the veteran homeopath, Dr. O. S. Wood, of Omaha, an excellent post-prandial master and story-teller. The society officially voted an invitation to the American Institute of Homeopathy to meet in Omaha next year, and also unanimously endorsed the candidacy of Dr. B. F. Bailey, of Lincoln, for the presidency this year. Resolutions were offered and unanimously adopted approving of the course of Gov. Stephens of Missouri in assigning to homeopathy an insane hospital in that state, and also approving of an editorial which appeared in the Omaha World-Herald commending Gov. Stephens' course and expressing the hope that the governor of Nebraska may do likewise. The following officers were elected for next year: President, Dr. G. H. Neal, Falls City; first vice president, Dr. Julia A. Starr, Beatrice; second vice president, Dr. D. A. Foote, Omaha; secretary, Dr. J. E. Mann, Omaha; treasurer, Dr. O. S. Wood, Omaha. The next meeting will be an executive session only, held in connection with the American Institute meeting, if the latter is voted to Omaha, as it seems now pretty sure to be. Dr. C. A. Shoemaker, of Lincoln, was elected censor for three years and Dr. W. H. Hanchett member of the legislative committee for a like period.

The American Institute of Homeopathy issued a card in 1887 for general distribution in which the following statistics were set forth as representing our profession's interests in this country. It is now ten years since these were compiled. Each year we have new figures, but might it not be well for the bureau of registration, statistics and history to issue a comparison of these figures with those of to-day, thus showing at a glance our growth during ten years? The Medical Century is under obligations to Dr. Patton, of Montreal, for the statistical table here presented and also for the thought of a ten years' comparison. Let us have it.

"Introduced in America by Dr. Gram, in 1825, a stranger in a strange land, with a strange system of medicine. In sixty-two (62) years it has grown as follows in the United States:

Practitioners	11,000
Medical Colleges	14
Matriculates Annually	1,200
Graduates Annually	400
Hospitals (with 4,500 beds)*	57
Insane Asylums	3
Dispensaries	48
Societies	150
Journals	23
Pharmacies	33
Colleges of Specialties	1

"Thirty-four dispensaries report for one year, 1886, 142,629 patients provided for with 376,886 prescriptions.

"The oldest national association in this country is homeopathic—the American Institute of Homeopathy.

"Homeopathy is employed chiefly by the more cultivated portions of communities.

"Homeopathists can procure lower rates of life insurance, on account of the lower rate of mortality among them, as proved by statistics.

"Alumni Homeopathic Colleges, 7,732.

"First Homeopathic College, 1848."

The Colorado State Homeopathic Medical Society met at Denver May 25th, with Dr. A. J. Clarke, president, in the chair. The meeting was a good one. Twenty applicants for membership were acted upon favorably at the first session. The legislative committee reported, through Dr. B. A. Wheeler, chairman, reciting an effort of the old school to force an examining board bill of their own framing through the legislature. It would doubtless have received the sanction of our profession had the three schools received equal representation thereupon, but so confident were the allopaths of its passing that they ignored all such suggestions. The bill passed favorable reading in the house by a majority of one vote and was sent to the senate, where it died a natural death, not even being honored with a committee report. Now the allopaths are wondering how it happened. The committee was accorded a vote of thanks for their zeal and watchful care of our interests. The evening session was largely attended. The president delivered an address full of valuable suggestions, in closing urging support of local institutions, the Denver college and hospital and the Denver Journal of Homeopathy, begging that the profession fill its arms with olive branches and offer them freely to all who will accept them.—"Hello, Topeka, any old Angels left?"—Dr. Clark was followed by Dr. A. K. Crawford, of Chicago, with a comprehensive address setting forth the virtues and power of homeopathy, in which were offered some telling statistics on our side. His remarks were interspersed with metaphors and anecdotes which made it pleasing to listen to as well as instructive and entertaining. The election of officers resulted in the selection of Dr. E. H. King, president; Dr. J. Wylie Anderson, first vice president; Dr. Genevieve Tucker, second vice president; Dr. Emma F. Drake, treasurer; Dr. J. P. Willard, secretary. The chairmen of the various bureaus for next year are: Materia medica, Dr. W. D. Howe; ophthalmology,

*Mortality, 1.5 per cent.

Dr. C. W. Enos; obstetrics, Dr. E. W. Freyermuth; gynecology, Dr. J. W. Harris; pediatrics, Dr. Lilian I. Pollack; surgery, Dr. S. S. Smythe; climatology and sanitary science, Dr. A. J. Clark; provings, Dr. J. F. Darling; anatomy and physiology, Dr. J. H. Morrow. The bureaus all reported, many good papers being presented and many practical discussions following. The society will meet in Denver again in May of next year.

NEW YORK NOTES AND ITEMS.

Dr. B. G. Carleton was a recent and pleasant caller at business headquarters.

Dr. Sarah N. Smith has located at Stillwater, Saratoga County, New York.

Dr. Roland du Jardin has located at 129 East 76th street. Hours, 8 to 10 and 6 to 7.

Dr. W. S. Pearsall will try and worry through the warm months at Brimfield, Mass.

Dr. Wm. O. McDonald will spend the summer at Eastern Point, New London.

At the last meet of the Journal Publishing Club Dr. A. B. Norton was elected president.

Dr. and Mrs. Wm. Tod Helmuth sailed for Europe on June 17th, to be gone until September.

Dr. L. L. Danforth expects to spend the months of July and August on the other side of the water.

Dr. H. Evens Russell will spend the months of July and August at the Ocean House, Watch Hill, R. I.

Dr. H. P. Gillingham has removed to 161 East 77th street. Hours, 8 to 11, 6 to 7:30; Sundays, 8 to 10 only.

A characteristic and striking oil portrait of Hahnemann is on exhibition at Boericke, Runyon & Ernesty's.

Dr. Wm. Francis Honan will be at "New Mathuson," Narragansett Pier, R. I., from July 1st to September 20th.

Drs. Geo. A. Shepard and Chas. H. Helfrich sail on July 1 for an extended trip in Europe, returning October 1st.

Dr. H. M. Smith, treasurer of the Hahnemann Monument Fund, is still absent from the city on a Western tour.

Dr. Foster, of Montclair, N. J., will spend the month of July in Europe. During his absence Dr. Chas. W. Townsend, of New York, will take charge of his practice.

The New York legislature passed the bill to which attention was recently called which grants opticians the right to examine eyes.

Dr. Wm. Tod Helmuth has entirely recovered from the effects of the attack of la grippe which prostrated him some weeks since.

Dr. Walter George Crump, late of Flower Hospital, has taken an office at 693 Madison avenue. Hours, 9 to 11 and 6 to 7:30.

Dr. Walter G. Crump has been appointed instructor in microscopical laboratory in the New York Homeopathic Medical College.

Dr. J. Perry Seward, ex-chief of the Medical Century's New York Department, was among those at Buffalo during the past few days.

The forty-sixth semi-annual meeting of the Homeopathic Medical of the State of New York will be held at Owego on September 21st and 22d.

Another new hospital of magnificent proportions is to be built in this city, corner of Madison avenue and 124th street, at a cost of above $300,000.

Dr. N. H. Lewis, 224 East 23d street, New York, is among the recent subscribers to the Medical Century who has honored the New York office with a pleasant call.

The New York Herald takes the side of the medical profession in its contest with the abuses growing out of the medical dispensaries of this city.

The Hospital for the Relief of the Ruptured and Crippled is to have an addition to its already extensive buildings, to be erected at a cost of $250,000.

Dr. F. E. Doughty, of 512 Madison avenue, who was compelled recently to take a recuperative trip for the benefit of his health, has returned, considerably improved.

Dr. Wm. H. Bishop, New York, has an excellent contribution in the June North American illustrating a new method of closing the crural canal in femoral hernia of women.

Dr. F. A. Faust of Poughkeepsie has been in the city since May 25th, taking a special course in diseases of children. Dr. Faust expects to spend some six weeks all told in town at this work.

Dr. A. B. Norton and wife took a brief outing at Atlantic City in May. Dr. Norton expects to remain in town this summer and will keep his usual office hours on three days out of each week.

Dr. J. B. Gregg Custis, president of the American Institute of Homeopathy for 1897, has accepted a position on the staff of the North American Journal of Homeopathy in its department of materia medica.

The North American Journal of Homeopathy for June synopsises the Medical Century's articles on whooping-cough in its special whooping-cough number. The Century hopes to be able to return the compliment.

The January number, 1897, of the Medical Century is in demand at the New York office of the journal. In sending in their copies subscribers will confer a favor by appending name and address in order that stamps may be duly sent in payment.

Governor Black has vetoed the bill to suppress the abuse of medical charity in this state. The bill passed the legislature and the State Board of Health was ready to formulate regulations to control all free dispensaries when the chief executive registered the impeding veto.

Dr. S. H. Vehslage, 117 West 43d street, an old friend of the editor, enrolled his name at the New York office last month, one of the many scores of eastern physicians who have done likewise since the opening of our New York business office. He found the latch string outside, as will all our eastern friends and subscribers.

Dr. F. D. Keppel, of the Southern's class of '97, has located at Elmira, N. Y. Dr. Keppel writes the editor of the Medical Century as follows: "I am glad to hear you give it to the state examining boards. They are an insult to every medical school in good standing. They practically say to every school that it doesn't know enough to examine its own students."

Mrs. C. R. Martin, of Buffalo, has among her treasures a very interesting medallion given to her husband by his grandfather, Dr. Henry Detwiller. The medallion is of bronze and on one side is a raised bust of Hahnemann. On the reverse is an outer inscription reading, "Ne a Meissen le 10 Avril 1755, venu en France le 25 Juni 1835." Then another inner circlet reads, "A leur maitre. Les homeopathiques Francais." The third and innermost circle of all is given over to the legend "Similia similibus curentur." Note, please, that vowel in the second syllable of the last word. The medallion was given to Dr. Detwiller by Hahnemann himself in

1835. It is now on exhibition at Boericke, Runyon & Ernesty's Pharmacy, No. 497 Fifth avenue, and the faithful regard it with great interest. An engraving of Dr. Detwiller has also been lent temporarily by Mrs. Martin. It shows Dr. Detwiller well past middle age, the picture having been done in 1835. Dr. Detwiller was the first man to make a homeopathic prescription (Pulsatilla, 300x) in Philadelphia. It is to be hoped that Mrs. Martin will have these mementoes in evidence upon the occasion of the meeting of the American Institute in Buffalo. Visiting members will enjoy seeing them.

FOREIGN NEWS-NOTES AND ITEMS.

The Leeds Homeopathic Dispensary reports 2,896 attendances last year, an increase of 152 over the previous year.

The Crydon Homeopathic Dispensary treated 1,542 patients during 1896, the number of attendances being 4,331.

The Hastings and St. Leonard's Homeopathic Dispensary gave advice and medicines during 1896 to 1,423 patients, covering more than six thousand attendances.

Dr. Washington Epps has been appointed physician to the London Homeopathic Hospital in place of Dr. J. H. Clarke, who has been appointed consulting physician.

The Sussex County Homeopathic Hospital Dispensary attended 2,509 patients last year, an increase of 241. There were 15,980 consultations, an increase of 1,095.

The Homeopathic Medical School, Calcutta, India, enrolled a larger undergraduate class than usual last year and issued licenses to thirty-one candidates for its degree.

The Leaf Homeopathic Cottage Hospital treated 124 patients during 1896, of which number 89 occupied beds in the wards, against 75 for 1895; but 2 deaths occurred during the year.

The Wirral Homeopathic Dispensary, Birkenhead, gives a total number of attendances for 1896 of 5,651, an increase of 1091 over 1895. The total number of visits paid was 1,185, against 497 in the previous year.

The Birmingham Homeopathic Hospital treated 247 in-patients and 2,392 out-patients last year. The number of attendances to the out-patients aggregated nearly sixteen thousand, an increase of more than a thousand over those of 1895.

The North of England Children's Sanitarium treated 842 inmates for 1896. Of this number 245 were discharged cured, 479 were improved and only 18 were accounted no better. Not a death occurred during the year among the 842 inmates.

The death of Dr. Arthur Guiness at the ripe age of 84 years occurred March 9th at Cheltenham. Dr. Guiness was one of the veteran practitioners of homeopathy in England. His wife died soon after her husband, surviving him but eleven days.

The British homeopathic profession celebrated the sixtieth anniversary of Queen Victoria's reign by a banquet at the Hotel Cecil on May 26, it also celebrating "the conclusion of the building fund and the freedom from current deficit" of the London hospital.

The Devon and Cornwall Homeopathic Hospital and Dispensary reports an excellent year's work. During the twelve months ending December 31st, 1896, 141 patients were admitted to the hospital, against 93 the year before. A total of 13,360 visits were made to the dispensary by patients, an increase of above two thousand over 1895, while over four thousand visits were made to patients at their homes, a gain of above a thousand for the year.

The Hahnemann Convalescent Home at Bournemouth, England, reports having admitted 148 convalescents from all parts of the country last year. The dispensary department is also prosperous; 270 patients were attended, to whom 1,012 visits were made.

At the Victorian Commemoration Banquet held at the Hotel Cecil on May 26th by the friends of homeopathy in England the splendid sum of £7,122 (about $35,000) was announced toward the clearing of the building fund and the payment of all outstanding obligations.

Tunbridge Well's Homeopathic Hospital and Dispensary reports 2,545 cases in the out-patient department, of which number 2,184 are reported as cured or relieved, with 190 under care January 1st. The in-patient department received 76 cases. Home visits to the number of 2,534 are recorded.

According to its annual report the Philip's Memorial Hospital at Bromley, England, treated thirty-three in-patients during 1896, the staff making 1,665 visits to patients at their homes, an increase of nearly three hundred. Not a single death is recorded as having occurred. Above $3,500 was subscribed during the year to the new building fund, and since the 1st of January, 1897, nearly $5,000 more has been added.

Among the unfortunate victims of the Paris holocaust of last month the daughter of Dr. Leon Simon, a prominent Parisian homeopath, was one. The sympathies of the profession throughout the entire world will go out most sincerely and freely to Dr. Simon and his family over their terrible affliction. Dr. Simon was an interested participant in the recent Homeopathic Congress in London and has been a liberal contributor to the medical literature of homeopathy in this country.

A skating festival was held at the Prince's Club, Knight's Bridge, in February in aid of the fund for the completion of the London Homeopathic Hospital. "H. R. H." the Prince of Wales, was present, accompanied by the Duchess of Teck. Among the skaters were the Countess of Minto, the Earl of Kerry, Lady Evelyn Cavendish, Viscount Doneraile, Lady Randolph Churchill, Count Herman Hatzfeldt, Viscountess Coke, Count Seilern, Hon. Algeron Grosvenor, and Lady Colebrooke. The ladies were all dressed exactly alike, in deep red. The skaters performed many difficult and complicated figures. The champion skater of Sweden and also the champion skater of Paris took part in the festival, from which a considerable sum was realized.

A good report comes from Melbourne. The cost of maintenance of each in-patient in the Melbourne Hospital, allopathic, is two pounds, nineteen shillings and two pence; the cost in the Alfred Hospital, also allopathic, is two pounds, fourteen shillings and eight pence, while the cost in the Homeopathic Hospital is two pounds and eight pence. The difference is sufficiently marked to justify the management in asking the people and municipality of Melbourne for further support.

The relative death records of the three hospitals are also to the favor of homeopathy by full fifty per cent. over the Melbourne Hospital and twenty-five per cent. over the Alfred Hospital. Melbourne Hospital lost 15.9 per cent., the Alfred Hospital 10.4 per cent. and the Homeopathic Hospital 8.1 per cent.

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Materia Medica.

A FEW REMEDIES IN BACKACHE, WITH COMPARISONS.

BY W. A. DEWEY, M. D., ANN ARBOR.

Rhus Toxicodendron.—A violent pain in the back, as if broken, is the great characteristic of Rhus, in backache. It is more characteristic than the symptom "relief from motion;" for Rhus may be indicated where the patient is worse from motion.

Rhus seems to be especially suitable to affections of the deeper muscles of the back. There are great pains on attempting to rise, showing, thus, the agravation on commencing motion.

It is more suitable to the chronic forms of lumbago, while Aconite suits the acute form and will oftentimes give prompt relief.

The backache of Rhus is better from pressure, but worse in bed.

The Rhus patient likes to lie on something hard.

Natrum muriaticum has this same symptom—backache relieved by lying on something hard.

The Rhus pains are relieved by bending backwards.

Sulphur has lumbar pains with sudden loss of power on attempting to move, and Petroleum and Ruta have pains in the back in the morning before rising. In Staphisagria these pains compel the patient to get up early and move about. This symptom is found, also, under Kali carbonicum; it comes on about 3 a. m. and is accompanied by pains shooting down the buttocks.

Ledum has a stiffness in the back similar to that experienced when one sits still for a long time.

Calcarea Fluorica.—This remedy has quite a clinical reputation for curing backache, and especially the backache simulating spinal irritation. It has pain in the lower part of the back with a fullness or burning pain.

Lumbago worse on beginning to move and relieved by continued motion, or lumbago from strains, will find in Calcarea fluorica its remedy when Rhus fails. The temperament and general constitutional characteristics of Calcarea may be present. It also follows Rhus well.

Kali phosphoricum, another of the tissue remedies, has a rheumatic lameness worse after rest, and on just commencing to move; there is a paralytic tendency, worse on rising from a sitting position.

Some remedies have a backache worse from sitting, notably Cobalt, Zincum, Sepia and Cannabis indica.

Lumbago worse when first beginning to move may call for Anacardium or Conium, as well as for Rhus.

Nux Vomica.—Another remedy useful in backache, especially if referable to spinal affections, is Nux vomica. It is in the lumbar region, is worse at night when lying in bed, and a characteristic is that the patient must sit up in bed to turn over. It has also a morning backache, and the longer the patient lies in bed the more the back aches.

The backache brought on by sexual excesses should lead to the consideration of both Nux and Staphisagria.

Stiff neck and torticollis may also be benefited by Nux.

Phosphorus has intense burning pains in the spine between the scapulae, with sensitive dorsal spines, and Secale has a sudden catch or kink in the back.

Oxalic Acid has an acute pain in the back relieved by change of posture; back seems too weak to support the body. The pains are worse when thinking of them.

Sepia.—Sepia is very frequently indicated in the backaches of women which are due to uterine disease. It is a general weakness in the small of the back when walking and is worse while sitting. Sudden pain in the back, as if struck by a hammer, relieved by pressing back against something hard.

Aesculus is often a useful remedy in backache which, like Sepia's, is worse when walking. It is a severe, dull aching in the lumbo-sacral region, affecting the sacrum and hips. Backache during pregnancy will often be indicative of Aesculus.

MATERIA MEDICA CONFERENCE.

The Materia Medica Conference was called to order at the Buffalo meeting of the American Institute of Homeopathy by Dr. W. A. Dewey, the secretary, who introduced Dr. Pemberton Dudley, who had been chosen temporary chairman in the absence of Dr. T. F. Allen.

Dr. J. P. Sutherland's essay on the Chart Method of materia medica study elicited much discussion and it seemed to be the prevailing opinion that any method founded on the Cyclopedia of Drug Pathogenesy meant too much elimination.

Dr. William P. Wesselhoeft emphasized the fact that the clinical test was the only way to confirm our materia medica, and illustrated this by a case confirming the use of Lycopodium in croup.

Dr. Eldridge C. Price's paper on the Baltimore Method was rather severely criticised. It was an able paper, much stronger theoretically than practically. The opinion seemed to be that any method which eliminated any of the well-tried and confirmed symptoms of our materia medica was not to be countenanced, and especially did this apply to the Baltimore Method.

In the absence of Dr. T. F. Allen, Dr. T. Y. Kinne read his paper, or rather a resume of the same, on the "Method of Purification by Means of

Comparison with Normal Standards." This, also, was well discussed, and at the close of the conference the following resolutions were unanimously adopted:

"That it would be advantageous and is, therefore, desirable, that those symptoms in our materia medica which have clearly demonstrated their pathogenetic origin should be carefully distinguished.

"That it is necessary and essential that those symptoms which do not as yet exhibit this quality of pathogenetic certainty must, nevertheless, be retained in such form and relations, as to be readily available to the practitioner."

It is quite probable that the work of next year will be the preparation of works on materia medica best adapted for study, though this is not yet settled on by the committee.

The popularity of the Conference is increasing.

Neurology.

NEUROLOGICAL NOTES.

BY J. RICHEY HORNER, A. M., M. D., MIDDLETOWN, N. Y.

Tumor in the Left Hemisphere.—Fenner.

Fenner, of Cincinnati, reports three cases of brain tumor in the Medical Record, the second of which is of peculiar interest. There were left-sided Jacksonian attacks, paresis of the left arm and leg, and left facial paralysis. Post-mortem showed a large tumor in the left hemisphere pressing on the left central convolution. Sections of the medulla revealed an absence of the crossing of the pyramids.

Anesthetic Areas in Tabes.—Bonar.

Probably no American neurologist has done more than Starr, of New York, for the investigation of anesthetic areas of the skin. It is from the pen of Dr. A. Blair Bonar, one of his assistants at the Vanderbilt Clinic, in the Medical Record, that we have an article on "Sensory Disturbances in Locomotor Ataxia." He notes that the fact of the presence of this anesthesia has long been appreciated but it has been accounted as one of the later symptoms, and he calls attention to the fact that it is to be found as one of the earlier symptoms, citing his experience with twenty-one cases, in eighteen of which there were found sensory disturbances of various kinds and degrees.

This symptom appears early, I am quite sure, from personal observation made at the National Hospital, London, wherein in one case in particular the presence of the tactile anesthesia made the diagnosis of tabes positive, though there were very indefinite indications in addition. The case occurred in the service of Hughlings Jackson.

This point is a very important one. Tabes may be checked in its course not only temporarily but permanently, but it is necessary to attack the disease early and the earlier it is diagnosed the better; therefore the value of early recognition of any symptom indicating its oncoming.

Gauntlet and Boot Anesthesia.

The gauntlet and boot anesthesia are nearly always due to functional diseases.

Significance of Ankle-Clonus.

If ankle-clonus is persistent in any given case the disease is generally organic. If the first movement of ankle-clonus is upward the disease is organic, if downward it is functional. If the foot is at rest and the tendo-achilles is tapped with the percussion hammer the percussion will start the ankle-clonus in organic disease.

Significance of Age in Spinal Caries.

When the patient is above thirty, the prognosis in spinal caries with rigidity is bad.

The Shuffling Gait.

Shuffling gait is the functional gait in nervous diseases.

Tabes vs. Disseminated Sclerosis.

In tabes the patient touches the nose oftener with the eyes shut; in disseminated sclerosis he touches it about as often with the eyes open as with them shut.

Manganese in Bulbar Paralysis.

For bulbar paralysis try bin-oxide of manganese two-grains three times a day.

Bi-Sulphide of Carbon in Degenerative States.

Bi-sulphide of carbon for optic neuritis, multiple neuritis—any advanced degenerative state of the central nervous system, or cortex disease.

Syphilinum for Locomotor Ataxia.

For locomotor ataxia—Syphilinum 200 is highly recommended.

Nux and Cimicifuga in Alcoholic Neuritis.

For Alcoholic Multiple Neuritis—Cimicifuga 1x, or Nux vomica 1x may be used with benefit.

Hot Fomentations in Neurasthenia.

For the back pains of Neurasthenia—pains anywhere along the spine from neck to coccyx—use hot fomentations, changed frequently. Apply every three minutes for twenty minutes and repeat four times a day.

Hypericum in Nerve Degeneration.

Hypericum seems to have the power of arresting nerve degeneration. I know of a case of progressive muscular atrophy which was checked by its use.

Arsenicum in Self-Mutilation.

There is often noticed a tendency among the insane to mutilation of the body, picking the skin until it is sore and chewing the finger-nails. Here Arsenicum relieves.

Neuralgia Pathogenetic with Arsenicum.—Talcott.

Hughes says that Arsenicum is one of the few remedies that produce neuralgia.

Mental State of Mercurius.

Mercurius is a drug whose general action covers those general mental states which naturally follow disorganization of the physical system as a result of exposure to the worst types of weather and women.

Hyosciamine in Disseminated Sclerosis.

Delamater, in the American Institute Transactions, says Hydrobromate of Hyosciamine is a good remedy for controlling the tremor in cases of disseminated sclerosis. He uses the 4x made from Merck's Hyosciami, and always gets results from it where he does not from any other preparations. If too much is used aggravation will follow.

Plinell, Not Pliny.—An Error.

Of course, as I am interested in insanity, I took great pleasure in reading the leader in the July number of the Century of "Hahnemann and the Insane," showing it to several friends. One of them remarked that somebody had blundered. Pliny lived a few years previous to 1791. It is presumed the compositor is at fault in substituting his name for that of Plinell, who is responsible for what was credited to Pliny.

Remedies Having Fear and Apprehension.

As fear and apprehension are common symptoms among recent insanities it is interesting to note the drugs under which this symptom occurs and the differentiation.

Arsenicum—Afraid of the ghosts, which patients see both day and night.

Aurum—Afraid of the slightest noise.

Bryonia—Afraid his business will go wrong.

Calcaria Carbonica—Afraid of some impending evil or misfortune.

Hyoscyamus—Afraid lest object of affection should prove untrue. These fears of jealousy produce excitements which sometimes end in convulsions.

Ignatia—Patient prostrated by one grief, broods over and anticipates more to follow.

Lillium tigrinum—Afraid of impending disease and calamity; fears she has heart disease; fears she is incurable; fears insanity.

Nux vomica—Afraid of death, coupled with inclinations to suicide.

Sepia—Afraid to be alone; fears lest her health should be lost; fears about domestic affairs; full of fears concerning imaginary evils.

Stramonium—Afraid of every object in view, apparently from the fact that by illusion he sees in every harmless object horrible images or ferocious animals. Is afraid of being left alone in the dark.

Mental State of Belladonna.—Talcott.

Belladonna develops two distinct states of the mind—one where the mental powers seem to be unduly excited and exaggerated, and all the symptoms of merry or enraged craziness are manifested; and the contrary state where the patient passes into a stupid, dazed condition, the pupils remain widely dilated; the eyes are staring and insensible to light; there is marked rigidity of the muscles; the patient refuses to speak or there is a low muttering delirium.

Veratrum in Insanity.—Talcott.

Veratrum album has been famous for the curing of insanity for more than three thousand years. Melampus cured the daughters of Proetus, King of the Argives, of amorous and wandering mania, fifteen hundred years before the Christian era. He administered the drug homeopathically, for he simply gave his patients to drink of milk from goats fed upon the leaves of Veratrum.

Practice of Medicine.

THYROIDEAN IODINE.

BY T. C. DUNCAN, M. D., CHICAGO.

We are told that Thyroidean contains ten per cent. of Iodine. If this is true is it not possible that the brilliant results attributed to the thyroid, and other organic agents, perhaps, are due to the drug elements therein contained?

Thinking along this line led me to compare the report of the case of Myxedema treated by Thyroidean by Dr. J. W. Coyner, of Peoria, in the July number of the Medical Century, with the effects of Iodine.

The case, in brief, was that a large child was delivered by powerful traction on the head. It might have been a case of congenital hydrogenoid constitution, according to Grauvogl; at least the photograph taken at twenty-three months shows an excessively active lymphatic system, with cephalic hydremia. This might have been brought about by the traction at birth. At all events, we have a monstrosity.

Dr. Coyner began by giving the desiccated thyroid gland; whether this was only the desiccated gland we are not told. There soon developed a train of toxic effects from three-eighths of a grain three times a day.

1st. The heart became very much excited.

2d. The temperature reached as high as 103 degrees.

3d. The skin, for the first time, was bathed in profuse perspiration.

4th. The child, before stupid, became nervous, fretful and

5th. Sleepless.

6th. Bowels became loose and thin and the child lost much fat.

After waiting for these severe symptoms to subside one-half grain was given three times a day, this also producing the foregoing symptoms. Then the dose was lessened. There was evidently being used a toxic agent, which was Iodine.

The provers of Iodine, in ascertaining its line of action, demonstrated that it causes a rapid pulse; palpitation of the heart; dry cough; sleeplessness; loss of flesh and strength; wasting of the mammary glands; pain in the thyroid gland; anxiety, depression of spirits; cholera, even to threatening of life; frontal headache, with cutting pain in the eyes and ears; pressure with pain in the forehead and occiput; confusion with gastric disturbances, evidently from sympathy with the brain; a gnawing sensation comes on with diarrheal discharges as the head symptoms subside (Dr. Ayres).

The similarity of these symptoms with those in Dr. Coyner's interesting and instructive case are striking. Both are primary effects and would lead on to marasmus and consumption, in which conditions Iodine is homeopathic.

What the remote effects will be in Dr. Coyner's case I shall be glad to learn. Hepar will arrest the bad effects of Iodine, as I have proven in Iodine poisoning.

Dr. G. W. Bowen, of Fort Wayne, would have given such a case Calcarea phosphorica as a cerebral stimulant.

It is interesting to study the effects of this agent and Iodine upon the system. First, the circulation is quickened. This was attended by fever followed by profuse perspiration, this being also a symptom of Iodine. The cerebral prodrome developed wakefulness and irritability, then came the diarrhea. Only a little knowledge of diagnosis is necessary to see the secondary effects of Iodine. As therapeutists according to Similia it is the remote symptoms which should guide us in the selection of any drug agent.

It seems to me that the work for our materia medicists of to-day is to take the wind out of the sails of the serum- or organ-therapy—heaven save the mark!—by showing that in each instance only well-known homeopathic remedies are being administered. The diphtheria toxine has been shown by Dr. Croskey, of Kansas City, to be only Carbolic Acid, the Phenic Acid of twenty years ago.

A little more knowledge of materia medica and physiological chemistry would save us from the drift of allopathic practice.

GASTRIC ULCER—A CASE.

BY ALLISON CLOKEY, M. D., LOUISVILLE.

I wish there were something new in the world. I would be glad if I could prepare a paper upon something entirely new. But the most any of us can hope to do nowadays is to clothe some old subject in a little different way—and such clothes, like those a man wears, do not make the subject.

Illustrative Case.—In selecting the subject of "Gastric Ulcer" I intend doing nothing more than to recite a case. The case was especially interesting to me because its etiology was so clear-cut, its course so typical and the treatment so satisfactory. The patient was a young woman twenty-two years of age. Three years ago the past winter she slipped upon an icy stone, her feet flying from under her and letting her fall with her full weight upon the same stone, striking the epigastrium. She at once became sick at the stomach and otherwise felt quite badly for a week, being confined to her bed. After ten days she began spitting blood and continued to do so almost daily up to a few weeks ago. The case came into my hands last February. It is interesting to note in this connection what Goodno says: "Traumatism has been assigned as the cause in some instances, but, as a rule, when injury or pressure has produced a solution of continuity of the gastric mucous membrane, the lesion heals very promptly." The ulcer under consideration had not healed after three years. I am sure the failure to heal spontaneously or under treatment was due to chlorosis with which, from the history of the case, the patient was evidently suffering at the time of and subsequent to the accident. Goodno further says "Chlorosis and anemia favor the evolution of some cases; oftener, however, the ulcer itself is responsible for the hemic changes." The former obtained in this case.

At the time the patient came under my care she was still chlorotic with all that that word implies. Menstruation occurred four times each month and endured in all twelve days per month. The pit of the stomach was very sensitive to external pressure and the seat of internal pain and soreness, markedly aggravated after meals. The taking of solid food was immediately followed by vomiting with admixture of blood. The curtailed diet enforced by these painful and distressing features added to the patient's reduced condition. The diagnosis was as clear-cut as could be.

Treatment.—The treatment consisted of rest, liquid diet and Argentum nitricum. The pain, vomiting and hemorrhages subsided after a few weeks and have not since returned, although the patient has again adopted her customary diet. Under the continued use of Argentum the chlorosis is being gradually overcome. The menses now appear but twice a month instead of four times and every other time are very scanty; the patient's color is returning, and she has gained considerably in weight.

Surgery.

SURGICAL SUGGESTIONS AND SAYINGS.

BY T. L. MACDONALD, M. D., WASHINGTON, D. C.

An N. B. on the Appendix.—Van Lennep.

A tender appendix is always a damaged appendix.

A Technical Point in Cholelithiasis.—Shears.

In cholelithiasis when the stone is in the duct incise the latter and introduce sutures before removing the stone. By this means the escape of bile is prevented and the incision is quickly and easily coapted.

Gall-Stones as a Cause of Cancer of the Liver.—Shears.

Gall-stones are frequently the cause of carcinoma of the liver.

Note—I have seen two such cases.

The Danger of Appendicitis.—Green.

Any case of appendicitis, however mild, is more dangerous than a well conducted abdominal section for its cure.

Sinuses and Cavities.—Macdonald.

When sinuses or cavities persist for weeks after operative or accidental wounds, in spite of careful and repeated irrigation, and possibly packing and curetting, they will often heal without further operative steps if all treatment is suspended. Keep the cutaneous surfaces about the wound as sterile as possible by the use of antiseptic compresses. There is frequently too much "tinkering" and dilating of such lesions. The same principle may be applied in certain long treated cases of gonorrhea with gratifying results.

Hip-Joint Amputation.—McBurney.

McBurney has recently reported his third case of hip-joint amputation in which direct intra-abdominal finger pressure of the common iliac artery was resorted to. Intra-venous saline solution was employed and recovery followed, as in the other two cases. He recommends the separation of the aponeurotic and muscular fibres as in operating for appendicitis. The finger of the assistant is then introduced and the vessel compressed. After the large vessels are tied in the wound the compressing finger is slightly raised, when the spurting jets disclose the other vessels which should be tied.

Antiseptics and Asepsis.—Macdonald.

"Let the general surgeon have his antiseptics and the credit for inaugurating them; the gynecologist can get along without them. I don't employ them nor do hosts of other gynecologists, to whom belongs the credit of aseptic surgery."—Ludlam.

Note—Dr. Ludlam has fallen into the same old error! He thinks that because he doesn't use chemicals in contact with the wound ne is not employing antisepsis. This is manifestly an unfair claim. Asepsis is the surgical ideal, and is obtained by the employment of efficient means for destroying or excluding septigenic material. Such means are mechanical, chemical, and thermal, separately or combined. It will be perceived therefore that asepsis is the condition which obtains after the efficient application of antisepsis, and that it is impossible to separate the two. Instruments, sutures, ligatures, wipers and dressings are made aseptic by means of chemicals or heat, and heat is one of our most efficient antiseptics; consequently, sterilism and asepsis are impossible without antisepsis, and the so-termed aseptic surgeon is such only in so far as he, knowingly or unknowingly, employs antiseptics. Under no circumstances can he rightfully claim asepsis for conditions which are obtained by the mere application of water and possibly soap. These might satisfy the demands of society but not of surgery.

Goodno on Appendicitis.

When appendicitis exists for two or three or more days and no tumor can be felt and the symptoms are not subsiding there is great danger of perforation. * * * The surgeon is simply a medical man who is equipped to operate. * * * Operate all relapses; operate all acute cases which are not improv-

ing in twenty-four hours; operate if there is increase in the size of the tumor or local edema. * * * In reference to diagnosis I wisn to acknowledge the great debt of gratitude we owe to the surgeons. * * * Personally I look back with sorrow upon cases of peritonitis (?) which progressed to a fatal termination. These I now know to have been appendicitis.

Note—Happy the physician of twenty years' experience who can honestly say otherwise! If such there be we know him not.

Specific Urethritis.—Brierly.

Dr. F. W. Brierly, in the Hahnemannian Monthly, gives the following for the treatment of urethritis: One part of the best gelatine is softened in cold water, placed in cheese cloth and squeezed as dry as possible. The moist gelatine is then dissolved over a water bath in six parts of glycerine, and to it is added two drops of carbolic acid to preserve sterility. When cool it is ready for use. An ounce of the stock is melted over the water-bath and five drops of formaldehyde are added. As the formaldehyde makes the melting point of the stock much higher it is not to be placed in the jelly until just prior to its use. In my private practice I am in the habit of pouring the hot jelly into test-tubes, putting about two ounces in each and plugging the end with cotton. When I want to use it the tube is heated over an alcohol lamp and a drop of forty per cent. aqueous solution of formaldehyde is added. The patient is instructed to cleanse the urethra by passing his urine in my presence. I never take a patient's word when he says that he has just passed his water. The urethra cleansed, the patient is placed on his back or in a chair and enough fluid, two to four ounces, is injected to moderately distend the anterior urethra. No long continued or great amount of force should be used, or the fluid will pass the safety valve of the urethra, the triangular ligament. The patient is instructed to come every day for treatment until the discharge becomes mucoid; then he is treated at longer intervals.

Gall-Stones Formed Around Silk Sutures.—Homans.

Homans, in the "Annals of Surgery," records a case where a gall-bladder which was entirely emptied of stones in April of 1895 was found to contain seven large ones in January, 1897. The patient was thirty-eight years of age, mother of two children, an invalid for years, emaciated, anxious, suffered constant pain in the stomach, backbone and pelvis. She had never been jaundiced. She vomited almost all her food and had been confined to her bed for many months. She had been treated in twenty-five institutions. On examination no tumor of the stomach or gall-bladder or movable kidney was found. The uterus was retroverted and fixed, the ovaries prolapsed and adherent and there was considerable pelvic tenderness. Stomach washing was done every morning for three weeks with considerable relief, the vomiting ceasing and the nausea decreasing. However, an operation was ultimately fixed upon, the removal of the tubes and ovaries being considered. Upon incising the abdomen in the pubic region the uterus was found retroverted and the ovaries and tubes were adherent. A tubo-ovarian cyst was dug out on the left side. Five pairs of long pressure-forceps had to be employed to control the very free bleeding of the rectal adhesions and neighboring parieties. These forceps were left with their handles protruding through the parietal wound and were not removed for forty-eight hours. The pelvic disclosures not seeming to present a sufficient cause for the gastric disturbance and epigastric pain, I passed my hand and fore-arm into the abdomen and felt of the gall-bladder. It was full of stones, so I sewed up the pubic incision and made another parallel with the cartilages of the ribs over the gall-bladder. Ninety-seven calculi were then taken from it, their average diameter being about one-fifth of an inch. I put some gauze in the gall-bladder to keep the bile from oozing out while I was sewing it up, having decided not to drain it, and made a seam completely closing the opening; but when I came to count my gauzes I found there was one wanting and that I had sewed it in. Accordingly I took out the stitches, removed the sponge, and sewed the open gall-bladder to the peritoneum, put in a rubber tube and some gauze and left the bladder to drain. This it did most freely but gradually closed, and the patient went home at the end of five weeks perfectly well and relieved of all her symptoms. She continued well until December, 1896, when all her old symptoms returned. She returned to me for operation and on January 18, 1897, an incision was made through the scar of the former operation. The gall-bladder was found to be adherent to the cicatrix, which was several inches deep. It was opened and in it were found seven calculi, two of them about the size and shape of lima beans, of a yellowish-brown color, and attached in a dumb-bell fashion, to a piece of silk which formed an axis in each stone. Three others were attached to another piece of silk, which formed a raphe from which the stones branched. Two others much smaller were independent. The silk must have been that which united the edges of the gall-bladder to the peritoneum at the first operation. I think that the crystallization of the calculi around the silk is probably accidental, and that the presence of the silk in or on the gall-bladder was not the cause of the formation of the stones, but that being there it furnished convenient nuclei for the cholesterine to cling to, just as alum in a hot saturated solution will crystallize, as it cools, around pieces of string suspended in it.

From this case it would seem that gall-stones need but a few months for their formation and in that time may become quite large. The largest of these is one inch and a quarter long and five-eighths of an inch wide.

Note—This is another argument in favor of absorbable sutures.

Mesenteric Cysts.—Moynihan.

Characteristic Signs of Mesenteric Cyst:

(1) Prominence of the fluctuating tumor towards the umbilicus.

(2) Great mobility, especially in the transverse direction, and the possibility of rotation round a central axis.

(3) The presence of a zone of resonance around and a belt of resonance across the cyst.

Clinical Symptoms.—It has been already mentioned more than once that there are cysts of the mesentery, generally of lymphatic origin, discovered either during an operation for some more serious abdominal disease or during the performance of a post-mortem examination, so small in size and so quiescent as to be of no clinical significance.

The remaining cases, so far as symptoms go, may be most usefully classified under two headings.

(1) Those in which the cause is chronic, where complaint is made chiefly of an abdominal tumor.

(2) Those in which the onset of acute intestinal obstruction first draws the attention of the patient and the practitioner to the abdomen. I have already quoted cases belonging to each of these groups.

(1). CHRONIC CASES.—The cyst causes by its presence in the abdomen certain symptoms; the chief of which are:

(a) Pain, more or less acute, according to the rapidity of the growth of tumor. The more rapid the growth the greater the severity of the pain, and vice versa. The pain is local, in and around the tumor, and radiating to the flanks, groin and thighs. As a result of the pressure exerted on the intestine, and the consequent partial closure of the canal, there are colicky pains, due to vermicular contraction of the hypertrophied muscular fibres as they attempt to overcome the obstruction.

There may be, but most commonly is not any, tenderness of the abdomen.

(b) Intestinal Disturbances.—Constipation is the rule, but the severity and duration of it will of course largely depend on the position, duration and size of the tumor. There is sometimes vomiting, and very rarely there may be persistent and intractable diarrhea. Braquehaye suggests that the compression of the vessels and nerves in the mesentery will cause a diminution in the secretion of the intestine and a consequent palsy of the muscular fibres of the gut, resulting in meteorism.

(2). ACUTE CASES.—The onset of this group is strictly that of acute intestinal obstruction. There are the usual signs—vomiting, complete constipation, distention of the intestine, and the usual affections of the circulatory and respiratory systems..

There is one symptom that is worthy of mention as occurring both when acute and chronic symptoms are manifested, general wasting, which is described as occasionally being extreme. This is due presumably to interference with the lacteals of the mesentery.

CAUSES.—The causes which bring about acute obstruction in cases of mesenteric cysts may be briefly stated as—

(1) Irritation of the solar plexus by pedicle of the cyst.

(2) Compression of the intestine, amounting in some cases to gangrene.

(3) Formation of adhesions and strangulation by them.

(4) Onset of acute peritonitis, owing to rupture of the cyst or its pedicle.

(5) Strangulation over a band formed by the pedicle of the cyst.

DIFFERENTIAL DIAGNOSIS.—Mesenteric cysts are not uncommonly diagnosed as ovarian or parovarian cysts. This has unquestionably been the most frequent error. Mistaken diagnoses of kidney, liver, spleen and pelvic tumors have been made. Cysts of the urachus, pancreatic cysts, and lipoma of the mesentery are forms of disease not unlikely to be difficult of differentiation. But if the signs and symptoms before described be borne in mind little real difficulty in the majority of the cases will be encountered.

A fluctuating tumor of the abdomen which lies at first laterally but which, enlarging, tends to occupy the middle of the abdomen, and which, pointing towards the umbilicus, is freely movable, especially in a transverse direction, capable of rotation on its own axis, surrounded by a zone resonant on percussion and crossed by a belt of resonance, can be no other than a mesenteric cyst.

TERMINATION.—Cases not operated upon may terminate in any of the following ways:

(1) The cyst, especially when hydatid, may retrogress, or remain quiescent.

(2) Perforation may occur in the intestine and the contents of the cyst be discharged.

(3) Perforation of the cyst or pedicle into the peritoneum, and the onset of acute peritonitis.

(4) Extreme emaciation ending in death—the result most probably of compression or of other interference with the lacteals.

(5) Acute intestinal obstruction may ensue.

TREATMENT.—Operative interference is necessary in both acute and chronic cases. As soon as the abdomen is entered two methods of procedure are open to the surgeon. He may—

(1) Stitch the cyst wall to the parietal peritoneum and open and drain the cavity.

(2) He may remove the cyst after aspiration either by cutting through the opening layers of peritoneum in the pedicle, inverting the edges and applying a series of Lembert sutures, draining the peritoneum or not, as may seem fit; or, if no pedicle is found the peritoneum may be incised over the center of the tumor and the cyst be enucleated.

Authorities who have written upon this subject have generally recommended the former method of treatment, and statistics have been compiled comparing, I believe unfairly, the mortality from the two procedures. The great majority of the cases recorded are the isolated experiences of individual surgeons, and it is only reasonable to assume that statistics based upon them are, as guides to our own conduct, wholly and completely worthless and unsatisfactory.

I venture to think, therefore, that the best recommendation that could be given would be this: that the choice of operation to be performed should vary according to the case.

If a case belongs to the chronic group above mentioned, and especially if there has been no serious general wasting, it would be doubtless advisable and more proper to remove the cyst althogether. If the case is very acute the sooner the operation is completed the better. Even in this class of cases it might, however, be sometimes advisable to remove the cyst; but as a routine practice I must give it as my opinion that the less prolonged and simpler operation would be attended with a larger measure of success.

SURGICAL SNAP-SHOTS.

BY SCOTT PARSONS, JR., M. D., ST. LOUIS, MO.

Lengthy Prepuce.—Never sanction a lengthened or adherent prepuce—circumcise.

Thirst Following Abdominal Operations.—Repeated small rectal injections relieve the thirst following abdominal operations.

Witness to Anesthesia.—Never administer chloroform, especially to women, without a third person being present.

Abdominal Wounds.—Never close any wound of the abdominal wall till all hemorrhage has ceased.

Remove Axillary Glands.—Always clean out the axilla when removing a true carcinoma of the breast.

Injury to Epiphyseal Cartilage.—An injury to an epiphyseal cartilage sometimes stimulates ossification, with a consequent suspension of growth.

Plaster-of-Paris for Fractures.—Never set a fractured limb in plaster-of-paris until the swelling has subsided.

Colles' Fracture—Never forget to warn your patient that a Colles' fracture, even when treated with the greatest care, leaves some deformity.

Drainage Tube.—To use it is not an admission on

the part of the surgeon that his work during the operation was imperfect.

Application of Cocaine.—Don't use soap and water on the body just preceding the application of cocaine; the alkali destroys the anesthetic action.

Carbonic Acid.—In its nascent state carbonic acid is a new agent in the treatment of blenorrhagic vaginitis, proposed by Piery, for which much is claimed.

Strangulated Hernia.—In cases of strangulated hernia if you are in doubt as to the advisability of operation do not hesitate, but operate.

Bandage Entire Limb.—Never neglect to carefully bandage the entire limb if you have encircled it at any one point to keep up pressure upon a wound.

Dog-Tendon Versus Sausage.—The tendons found in the tail of a dog make better sutures than either catgut or kangaroo tendon when properly prepared in sublimate.

Warmth During Operation.—If the patient is kept warm by artificial means during a surgical operation there will be less shock. This is as important as applying heat after the operation.

Drainage of Thoracic Cavity.—Do not neglect to secure your drainage-tube from slipping into the thorax. Let it be sufficiently, and only sufficiently, long to enter the cavity. Longer is needless.

Quinine as a Wound Dressing.—It has been found, according to an Italian authority, that non-infectious wounds heal rapidly while infectious wounds are unaffected when treated with a one per cent. solution of quinine.

Cocaine and Nitro-Glycerin.—All danger of cocaine poisoning may be obviated, according to M. Riclus, by combining it with nitro-glycerin. The patient should always be in a recumbent position when administering a hypodermic injection of cocaine.

Early Operation in Acute Periostitis.—Never delay in acute periostitis in cutting freely down to the bone as soon as the nature of the case is detected. Every hour of delay will need a month of repair.

Test for Pus in the Uurine.—Drop into urine in a test-tube a few drops of the tincture of guaiac, heat it to about one hundred degrees, and if it turns pale blue pus is present.

Curettage Before Abdominal Section.—Dr. Pryor lays it down as a rule that every case requiring abdominal section for septic ovaritis, salpingitis or pelvic peritonitis should be preceded by a curettage. He claims that a large proportion of these cases will get well without further operation.

Injuries of the Testicle.—Severe contusions and wounds of the testicle are accompanied by an amount of shock totally disproportionate to the injury, owing to the great sympathetic distribution to the gland. Profound syncope, or even death, may be caused thereby. Inflammation and abscesses commonly follow these injuries.

Injuries of the Elbow-Joint.—Remember that injuries of the elbow-joint are often very difficult to diagnose if much swelling co-exists. Never be ashamed to say you "do not know" until the swelling has subsided and you are able to be certain of the character of the injury.

Treatment of Stump.—The success of a stump after amputation is due largely to the after-treatment. Bandage from above downward spirally, bringing tissues with it, thus making the stump conical and relieving tension over end of bone. In this way you are less likely to have the bone ulcerate through (Parsons).

Open Wounds of the Kidney.—The wound should be enlarged, explored and cleansed. Hemorrhage is best controlled by packing in gauze strips. If bleeding does not persist suture the wound, leaving in a large drain-tube and dress antiseptically. If the kidney is hopelessly crushed or hemorrhage cannot be controlled nephrectomy must be resorted to at once.

Fracture of the Surgical Neck of the Humerus.—Wilcox gives six important points to remember in treating fracture of surgical neck of the humerus:

1. Arm flexed.
2. Traction at elbow, to prevent shortening of arm.
3. Shoulder-cap, to keep outer side straight.
4. Pad in axilla, to hold lower fragment out.
5. Bandage.
6. Arm in sling.

Treatment of Nevus.—In the treatment of a nevus a drop of nitric acid applied directly to it will generally cure if the nevus is small. Sometimes the growth is held in check by painting it with collodion, but this will not cure. Ligation and electrolysis are very good. If nevus be large better dissect it out, tie the vessels and sew up tight.

Trendelenburg's Posture.—Coe, in the current number of the New York Polyclinic, calls attention to the danger of secondary hemorrhage following laparotomy with patient in this position. The elevation of the hips determinates the blood toward upper portions of the trunk and oozing from small vessels in broken adhesions does not take place until the patient is placed in the dorsal position.

Operation for Fractured Patella.—Chislett, in an article, "A Fractured Patella and Its Results," writes: In all operations for the union of a fractured patella the reflection of a cutaneous flap sufficiently large to expose the whole bone is more thorough and satisfactory than either the transverse or longitudinal incision and is less apt to be followed by infection, because there is no direct connection between the skin wound and the fracture."

Diet After Laparotomy.—An important point is the diet of the patient. Give no food whatever for twenty-four hours, so as avoid the chances of vomiting. There is very frequently a distressing craving for a drink of water, which, if allowed, is likely to produce vomiting. To relieve this the use of one or two ounces of warm water with a very small quantity of common salt, injected into the rectum every three or four hours, answers admirably.

Harrison Cripps' Operation for Prolapsus Recti.—Harrison Cripps' operation for mild cases of prolapsus recti is very good. The rectum is drawn down and wiped clean. Then four lines are made on the mucous membrane with paquelin cautery, heated to a cherry heat. One line is made on the posterior, one on the anterior, and one on each lateral aspect of the rectum. The rectum is then vaselined and placed back. Be careful not to burn through the tissues. If burned too deeply, sloughing may follow.

Gynecology.

POINTS FROM GYNECOLOGICAL CASES.

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As long as dysmenorrhea is discussed and treated of in text books, by teachers and by essayists, as a malady rather than a symptom of diseased conditions there is bound to be some confusion as to classification.

The following six cases are presented hurriedly, not so much for their individual interest, but because they all consulted for relief from this particular symptom, dysmenorrhea, and had all been treated by other hands for the same trouble. They are cases taken at random from the work of the past year and illustrate what is considered by the writer to be the most reasonable, the most simple, the most scientific and the most plausible classification; that is, to divide the dysmenorrhea under three distinct heads of Ovarian, Tubal and Uterine.

Ovarian Division.—The first two cases illustrate the ovarian division; in former classifications they would be considered "neuralgic dysmenorrhea" and "congestive dysmenorrhea," respectively. The real pathological conditions, however, were located in the ovary, and as soon as the true condition was recognized they were easily amenable to treatment.

Case I. Miss D——, aged twenty-one. Good family history. Began menstruating at thirteen years of age. Three years ago she was exposed to a thorough wetting just at the first day of menstruation. There was a suppression, accompanied by severe headache, backache and pains in the ovarian region, coming with some fever. The pain lasted for ten days, but she was feverish and feeling miserable until the menstrual time again in twenty-eight days. Then she had severe pain in the ovaries which kept up for two or three days but was relieved at the beginning of the flow. Before this suppression she had never had any pain that was noticeable. She kept up comparative good health with the exception of dysmenorrhea till about one year ago, when there was a decided increase in the amount of pain, limited, however, to two or three days preceding the appearance of the discharge, and always with considerable fever for a few days before and during the menstrual period. A diagnosis had been made of "neuralgic dysmenorrhea." She had had anti-neuralgic treatment. Several changes of climate had been advised and made on the hypothesis of a neuralgic diathesis. Each change would usually be followed by a slight improvement in the symptoms but with no permanent relief.

She came under personal observation for the first time ten months ago, when she was taking very large doses of morphine to relieve the pain of an especially aggravated attack of dysmenorrhea. During the interval between this and the next period bi-manual examination was made. The uterus was about normal in size, in good position, not particularly sensitive. There was a mass in the right side of the pelvis, ovoidal in shape, three inches in its longest diameter, which was very sensitive. There was also a smaller mass in the region of the left ovary, equally sensitive, but the tubes could be felt between the two masses and the uterus and were not particularly sensitive. Diagnosis was made of some degeneration of the ovaries and a laparotomy advised. This, however, was not permitted until after the second period, when the suffering was so great at those two times that there was a demand for relief on the part of the patient herself.

An exploratory incision was consented to by the parents, which was done February 15, 1897. There was a little ascitic fluid in the abdomen, otherwise the peritoneum did not show any stage of inflammation. The uterus was normal, the tubes were slightly enlarged but had no inflammatory exudate around them. The right ovary was very much enlarged and boggy. The left one was less large but had the same boggy feeling. The removal of both ovaries was urged and consented to by the parents.

The patient made an uneventful recovery and is now apparently in perfect health, taking hearty exercise every day, and has had no pain since the operation.

On cross section the ovaries were found badly diseased. There was one abscess cavity nearly an inch and a half in diameter, containing thick ropy pus. There were several smaller abscess cavities scattered through the tissue, and an excessive amount of connective-tissue through the entire ovary. The left ovary was in about the same condition with fewer abscesses and the largest one only about half as large as that in the right ovary. The vaginal examination, with a speculum, before and subsequent to the operation never disclosed anything but a simple catarrhal endometritis.

Case II. Mrs D——, aged thirty-four. Married at nineteen. Has five children, the youngest one three years old. Has been suffering for three years from severe pains at the time of menstruation, but never had any trouble to speak of before the birth of the last child. The labor then was normal; there were no complications. The child, however, suffered from a severe attack of ophthalmia two days after birth. The lochial period after this labor was not unusually long nor was there any history of leucorrhea subsequent. She began menstruating the third month with quite considerable discomfort; this has steadily been increasing. The pain was invariably limited to the time three days before the flow began, with almost immediate relief. She had been subjected to a long course of treatment with vaginal tampons, and even intra-uterine applications, with a diagnosis of a "congestive dysmenorrhea" and a condition of sub-involution.

January 5th after bi-manual examination under ether a guarded diagnosis was made, as she had very thick abdominal walls and scarcely anything could be made out by this examination. A laparotomy was advised and consented to within a week. On January 11, 1897, both tubes and ovaries were removed. The womb was found in about normal condition and so were the tubes, but both ovaries were atrophied, cirrhotic and unusually adhered.

The case made a fair recovery but with the formation of two stitch abscesses. These, however, did not impede the convalescence materially, and she was around on her feet the sixth week. She has had no pain of any kind and is in better general health than for some years past.

Tubal Division.—Of the two following cases neither is uncommon, and yet neither of them would seem to go well under the old classification and both would come under the head of tubal dysmenorrhea. The third one was undoubtedly caused by a mechanical defect in the line between the ovary and the uterus from the pressure on the tubes by the misplaced uterus, the fourth one it is impossible to classify in any of the old divisions.

Case III. Miss K——, aged twenty-five. Good family history. Has been accustomed since leaving college, in her twentieth year, to a great deal of violent exercise. She is an army officer's daughter and spends most of her time at her father's post in the West, where she is constantly on horse-back and does a great deal of bicycling and lawn-tennis playing, and latterly golfing.

She started menstruating at fifteen without any pain to speak of until within two years, since which time she has had a constantly increasing dysmenorrhea of high grade, very severe for two days before with relief as soon as the menstruation is thoroughly established. She had been told that she had serious ovarian trouble, and had been treated for some time on this hypothesis without relief. Bi-manual examination nine months ago showed a retroverted uterus about normal in size, not an unusually small os externum, considerable tenderness of the ovaries and through the entire pelvis. The uterus was easily placed in position and kept there for two weeks with the occasional use of a tampon. However there was again a displacement caused by riding a wheel, and after some three months' treatment I advised an Alexander's operation, which was done. The round-ligaments were found and shortened one and three-quarter inches. She was kept quiet for two months with occasional local treatment of glycerine-iodine. The past six months she has been out West again riding horse-back and doing violent exercise, but with no dysmenorrhea or discomfort in the pelvic region.

Case IV. Mrs. D——, aged twenty-five. Married three years. No children. History of gonorrheal infection from the husband one year previous. Symptoms of vulvitis and vaginitis well marked. The leucorrhea diminished gradually with astringent douches. Second menstrual period after she was first taken with the specific trouble was very painful, the pain coming on two days before the flow started. Dysmenorrhea was increased at each month and at the last two periods the pain has been excruciating, with considerable fever. There has been a gradual loss of flesh and strength; excessive constipation has been uniformly present. There has been little pain between periods except that referred to the general abdomen. An examination revealed a large mass occupying the position of the left broad-ligament and a smaller mass, sausage shaped, in the right broad-ligament. Laparotomy was done December 20th, 1896. The uterus was in about normal position and condition, but the broad-ligament on the left side was broadened out and formed the wall of a large abscess. This was removed with a great deal of difficulty on account of extensive adhesions of the sigmoid flexure. These were dissected off with a good deal of care, and imbedded between the folds of the intestine and broad-ligament was the ovary, with all the appearance, save the peritonitic adhesions, of a normal organ. The ovary and broad ligament and tube were removed, with a small rupture just as the mass was being taken out of the abdomen. The pus, however, fell on a packing of iodoform-gauze, which was quickly removed and no infection of the peritoneum resulted. The right side was treated in the same manner. The adhesions being less there was not so much difficulty and no rupture of the sac.

The patient made a protracted recovery, the wound healing quickly without any peritoneal infection, but a bad case of cystitis was started which took some little time to get rid of. There was also a high grade of endometritis with considerable tenderness around the womb, and leucorrhea, so much so that the sixth week after the ovariotomy the uterus was dilated, curretted thoroughly, washed out with a 10 per cent. solution of argonin and packed with iodoform gauze. The packing was removed the second day and repacked. This was left out the tenth day but the vaginal packing retained until the cessation of the cystitis some three weeks later.

In the past three months the patient has been rapidly gaining health and strength and reports a better condition than since her marriage.

Uterine Division.—The following two cases illustrate what would be uterine dysmenorrhea. Case five showed a pinhole-os, which is sometimes given as a cause of so-called "obstructive dysmenorrhea," but in itself this would not have been a sufficient cause for the pain if it had not been for the endometritis which was clearly disclosed in dilatation. Case six is so obviously a result of endometritis that it is easily classified under the head of uterine.

Case V. Miss J——, aged twenty-three. Started menstruating at fourteen. Menstruated a year without difficulty. Then complained of trouble with her eyes, and some defect was discovered which was remedied by glasses. The past two years she has been suffering severely from dysmenorrhea. The pain invariably came on after the establishment of the flow and gradually increased for twenty-four hours, but was not entirely relieved until the cessation about the fifth day. During these attacks her eyes gave her a great deal of trouble, she being unable to read even with different glasses that were tried, and suffering from photophobia and lachyrmal irritation. Examination disclosed a pinhole-os into which with difficulty a small uterine sound was introduced. There was a small mucous plug at the os and a slight degree of erosion. Under chloroform the womb was gradually dilated with Hegar's dilators, and after a slight dilation a few drops of pus came out of the fundus. The dilatation was continued until a medium-sized dull curette could be introduced, when the entire endometrium was thoroughly curetted and washed out with a 1-4000 bichloride solution. A slight packing of iodoform gauze was put in after thoroughly drying the track. This was removed at the end of twenty-four hours. Subsequently for ten days a douche of a solution of succus calendula was given daily.

It is now seven months since the operation. Menstruation has been regular and painless.

Case VI. Mrs. T——, aged twenty-eight. Been married five years. Has been a constant sufferer from dysmenorrhea since her marriage. Has never been pregnant and has never taken any means to prevent conception. The husband is excessively passionate and very desirous for children. Examination showed a high grade of endometritis, considerable eversion of the mucous membrane with a constant discharge of a muco-purulent character. The pain at menstruation comes on with the establishment of the flow, is almost labor-like in its character and lasts from three to four days, the flow coming away in firm clots the first four days and a dark ropy discharge following for three days afterwards. The same general treatment was carried out in this case as in Case V., except that the packing was replaced daily in the womb for ten days. She was kept in bed for three weeks, until after her first menstruation, which was painless and not clotted. Intercourse was forbidden until after the second monthly flow. At the third month she failed to menstruate, which was caused by pregnancy and which went on to the full term when she was delivered three months ago of a

nine-pound child. She started menstruating six weeks after labor and has menstruated twice since without any pain.

The motive in the submission of this group of cases is not only to emphasize the judiciousness and practicability of the classification here given the different forms in which dysmenorrhea may be present to us, and to advocate the necessity of prompt surgical relief in case of failure of regimen and therapeutics, but to urge the pressing need of a broader view of this malady and a more careful discrimination as to its etiological and pathological conditions. With a more comprehensive and accurate differentiation of these cases, and the improved management that would be the inevitable result, dysmenorrhea will soon cease to be regarded and designated as it now is, "The curable yet uncured malady of woman."

Obstetrics.

SURGERY OF THE POST-PARTUM PERIOD.

BY FILIP A. FORSBECK, M. D., MILWAUKEE.

Parturition a Surgical Procedure.

The crowning stage of pregnancy, the act of confinement, taxes the parturient woman to the utmost and untold are the number of ailments and diseases which the general practitioner or the specialist is called upon to correct which immediately or remotely may be traced to the close of the child-bearing period.

Many of these irregularities and sequelae fall within the domain of the surgeon. The theory of sepsis and antisepsis has even in regard to the puerperal diseases established its practical value by facts, and any assistance rendered the expectant mother in the deliverance of her progeny must necessarily be looked upon from a surgical standpoint, and such rules as are laid down for the correct practice of general surgery must also here be enforced.

The process of parturition is, indeed, a surgical procedure and requires surgical technique in its management.

Thus we see that the welfare of the mother, not only regarding the temporary indisposition of confinement but also as far as her ultimate recovery and re-establishment of perfect health are concerned, is dependent upon the correct application of proper and well-tried surgical principles.

The irregularities encountered in post-puerperal women are local as well as systemic. Local disturbances are generally due to the over-taxation of the natural resistance of the soft parts during the process of parturition, manifested by rupture of one or more of the organs and tissues concerned. Thus a lacerated cervix or perineum, injuries to the bladder and rectum, an irregularly contracted uterus, or inflammatory conditions of the pelvic organs are conditions which often (unavoidably) set in and for the relief of which the patient does not in vain seek the aid of the general or gynecological surgeon. The results of the original injuries exist, and are well apparent upon careful examination. The fact remains irrespective of whether the cause may be ascribed to the improper development or peculiarities, congenital or acquired, of the maternal organs or fetus, or to the mismanagement of the obstetrical act on the part of the accoucheur.

The fault must be corrected, and hence we find that the majority of ills and ailments of the post-partum period in women may truly be classed among the surgical diseases. We find also that these local mishaps will have an influence directly or reflexly on a woman's system as a whole, and these complaints may become so thoroughly rooted in other parts of the body that the original causative factors are lost sight of. It is these "chronic reflexes," if you please, which have brought fame to the modern surgeon, who through this network of reflexes traced the existing disease, oftentimes thought to be organic, to the lower orifices. And it is well that we possess such means by which local and systemic diseases may be alleviated. Still, these means may become abused and their indications misconstrued.

How eagerly does not the orificialist rest his digit on a lacerated cervix? And when on the operating table this same digit circumscribes "the plug" in a familiar fashion the beaming countenance of the operator simply reflexes the satisfaction of seeing his opinion verified and a new victory over disease proclaimed. The uterus which has year after year beyond the tide of child-bearing patiently borne its pains and been mutilated in the attempt to deliver itself need no longer hang its lacerated neck in despair. A willing surgeon is at hand and the repair generally means a restoration of health.

But are we justified in letting such a state of affairs uninterruptedly exist until severe systemic disturbances become apparent and reflex systems manifest themselves in such a forcible degree as to be mistaken for distinct and separate diseases?

The earlier the remedy is rendered the better for the patient, and it is simply the duty of the attending physician not only to bring relief to the mutilated mother but, if possible, exercise all his power in the prevention of such disastrous injuries, which will surely, if neglected, undermine the woman's health and bring her as a physical wreck to the specialist.

Obstetric Prophylaxis Demanded.

The obstetrician should always bear in mind that the preparatory measures relative to confinement and its after-care, must be given as weighty consideration as any other surgical operation. In hospital practice these duties are carried out by the nurses, under the supervision of a resident physician, but in private practice these points are liable to be overlooked by the physician in charge or be omitted by the nurse, both equally culpable of deplorable neglect.

Surgical cleanliness is imperative at all times during the puerperal period. The lying-in chamber should be kept in perfect condition. The nurse should give proper attention to herself and be on a steady watch for the welfare of her patient. As far as the surroundings of the patient are concerned some may remark that it matters but little. I heard several cases related during the Wisconsin state meeting of 1896 by an obstetrician who had had scores of well-managed confinements to his credit. He said that many a time it had become his duty to attend obstetrical cases in localities most unwholesome and in surroundings most deplorable, and he had in spite thereof rarely encountered any serious complications from these sources. An explanation of this may perhaps be rendered by the fact that there are many classes of women, different as to their constitution and habits. Thus what would seem endurable or quite harmless to one would prove most disastrous to another, depending virtually upon the natural vital resistance which one woman may possess in an ample measure, another in a less degree. With our present knowledge of the efficacy of asepticism we are hardly justified in disregarding the

possibilities of infection that may arise from neglect, nor commodiously accepting the uncertain for the certain, but should always give instead our patients the benefit of the doubt. The physician who so badly disobeys the rules established and substantiated by modern experiments will sooner or later find cause for regret.

If we investigate into the history of the patients who come to our offices suffering with what are generally termed "female complaints" we will find that in the majority of these cases the trouble commences "at the birth of the last child," and, upon further inquiry, that care or, rather, neglect of care, as much as the nature of the labor will be found to be the causative factor. In this day of specialists, with superior attainments in their respective lines, it is hardly just to require of one mind to know all that pertains to each branch; but it is the duty of the general practitioner to at least recognize the existing complications and appreciate what ought to be done.

It is not only the gross complications, such as rupture of the cervix or perineum, which annoy the woman in late life, but also the little details, the neglect of which during and following delivery will be responsible for many an aching pain or lifelong ailment. Many a woman suffers thus as a result of a misplaced confidence in her medical adviser, or because of the incompetency of his assistance.

Without doubt many of the secondary diseases with which the gynecological surgeon has to contend are due to carelessness or ignorance of such surgical attention as should have been rendered the woman in the lying-in chamber.

It is needless to describe in detail the measures and surgical technique which ought to be practiced in all puerperal cases, as the modern text-books treat exhaustively of the subject; nor is it my intention to recommend any new methods in the care of puerperal women.

Living Evidences of Neglect.

Let us look at the crowds as they pass us on the street. A woman young in years, yet visibly lacking in vigor of youth, meets us. Question her and she will tell you that she has employed all kinds of doctors, from the quack up, used all kinds of drugs, patent medicines or mineral waters, upon physicians' or their own recommendation, been subjected to massage, electricity and fancy "cures," from "mud" to the "rest" cure; taken elixirs by the quart and rubbed her tender cuticle with balsams by the gallon, and still we see her drag along with a cane in her hand and gently leaning on her husband for support.

Go through the wards and private rooms of hospitals, sanitariums and insane asylums and give the hundreds of mothers who are driven to despair in a vain attempt to regain their mental and physical strength—give them at least your sympathy—if your aid is too late.

Deliver them, if you can, from the penalty they are suffering—the punishment for a crime of which they are but deplorable victims.

And still beyond, on the tombstones of the cemeteries, you may read the unwritten histories of patient sufferers; mothers who have prematurely succumbed in their endeavor to throw off the ills and diseases contracted in the obstetrical chamber.

These plain facts are apparent to the most superficial observer, and must influence him to use every effort, every precaution, all that medical or surgical skill can offer, in order to save the present generation and posterity from such appalling misery or dreadful calamities.

If I have by these lines been able to impress upon any medical mind the importance of exercising the most scrutinizing care in the post-partum treatment of women, or been successful in reminding any one of his duty of knowing the exact conditions of all organs involved with the proper management of the same in disease, my object will have been accomplished.

Ophthalmology.

THE OPHTHALMOLOGICAL AND OTOLOGICAL ASSOCIATION.

That Homeopathy is developing her share of specialists was shown by the attendance at the annual meeting of the American Homeopathic Ophthalmological, Otological and Laryngological Society. Organized in 1878, this society held its first meeting in connection with the American Institute in Put-in-Bay. After an interval of ten years, during which time there were no meetings, at Detroit last year the Society was reorganized. So popular has been the new movement that the rolls show a membership now of one hundred and eighteen.

On Wednesday, June 23, seventy members and almost as many visitors met in Unity Hall of the Church of Our Father, Buffalo, for the first session. The president, Dr. A. B. Norton of New York, occupied the chair. In his annual address he said the scope of the Society is a broad one: "The advancement and elevation of homeopathy in the line of our specialties." Dr. Norton desires to see homeopathic oculists, aurists and laryngologists lead the world because of their homeopathy. In reproving old drugs and in all new provings he insists that every prove should be made under the careful observation of a specialist upon the eye, ear, nose and throat. The president spoke further of the many unsolved problems within the domain of physiology and pathology. "Now is the time for research, for never, perhaps, in the history of medicine has our profession been more liberal and more willing to drop partisan prejudice and to receive scientific investigation than it is to-day."

The usual reports followed. The report both of the secretary, Dr. E. J. Bissell of Rochester, and of the treasurer, Dr. Harold Wilson of Detroit, indicated a bright future for the old-new Society.

For the committee, Dr. F. Park Lewis proposed a constitution and by-laws. These proved so satisfying that they were adopted without debate. The brief business session over, at once began the more important feature of the meeting.

Nasal Stenosis.

This subject was fully considered in several papers. Its "Differential Diagnosis" was dealt with by Dr. C. Gurnee Fellows of Chicago. In the absence of Dr. Fellows his paper was read by the secretary. Dr. G. B. Rice, of Boston, detailed the "Treatment," and Dr. C. L. Rumsey, of Baltimore, considered the more general cases of "Intra-Nasal Surgery."

The discussion of these valuable papers was free and helpful. While all present seemed to recognize the necessity for operative work, many looked upon the knife as an instrument too frequently used. "It is not the use of the knife," said Dr. James A. Campbell, of St. Louis, "but its abuse that we condemn."

Nasal Syphilis.

Dr. Isaac C. Soule ,of Freeport, Ill., wrote about "Nasal Syphilis; Two Cases, with Treatment." This paper brought up the old question of the use of remedies in syphilis. In this particular form Aurum seemed to be the favorite.

Adenoids of Naso-Pharynx.

Adenoid growths were discussed in a paper by Dr. Irving Townsend, of New York, it being discussed by Dr. Fred D. Lewis, of Buffalo. Once more the use and abuse of surgical means were freely handled. Dr. G. G. Shelton of New York, Dr. R. S. Copeland of Ann Arbor and others, admitting the great value of surgical measures and confessing to their frequent use, plead for the more general application of the internal remedy. Everybody testified to the superiority of the homeopathic remedy and the meeting for a little while was a veritable love-feast.

Mastoid Disease.

At the afternoon session the Society took up Mastoid Disease. The first paper was by Dr. E. J. Bissell, of Rochester, N. Y.: "Indication for the Different Operations of Opening the Mastoid." Dr. H. P. Bellows gave the "Technique of Mastoid Operation." In the absence of the other papers along this line considerable time was given to an informal discussion of the subject. Many speakers pointed out the marked contrast between the results in this disease attained by the two schools. The frequency, duration and mortality are much less in homeopathic hands. The importance of early diagnosis and the necessity for operative interference were made clear. This finished the papers on the nose and ear.

Senile Cataract.

The next was by Dr. Harold Wilson, of Detroit, on "The Operation for Senile Cataract." Antisepsis, the corneal section, the iridectomy, the toilette, the dressing and after-treatment were all fully considered.

Dr. F. H. Boynton, of New York, spoke of the use of soap and water, followed by a solution of mercuri bichloride 1 to 4,000 in the antiseptic preparation of the patient. He says Rhus tox is a most valuable remedy for phlegmonous inflammation about the eye; it has stopped threatened suppuration of corneal wounds.

Dr. C. J. Swan, of Chicago, for a dressing after cataract extraction, makes use of common white mosquito netting. He says there is just enough starch in it to make it keep its place.

Dr. C. H. Vilas, of Chicago, considers it difficult to lay down absolute rules in the matter of antisepsis and dressing. "If operator, patient and instrument are all perfectly clean, the operation properly done and nothing left between the lips of the wound," he said, "you may place the patient in the light, with or without a bandage, and he will get well."

Dr. Jas. A. Campbell looks upon the success of the operation as largely a matter of personal technique, rather than of method. He says the bandage is not so much to keep the position as it is to keep out the external influences which affect the eye.

So much had been said concerning the form of operation that Dr. Norton called for a vote of the Society as to the preference of its members for the simple or the combined operation in typical, uncomplicated cases. Many did not vote, but the result as stated by the chair was as follows: Thirteen for the combined operation and four for the simple operation.

Reception by Dr. Lewis.

The evening session was held at the delightful home of Dr. F. Park Lewis. Many visitors, including a number of the fair wives and daughters of the members and the pleasant surroundings, made this the most enjoyable session of the meeting.

Remedies in the Treatment of Cataract.

Dr. E. H. Linnell, of Norwich, Conn., read a paper on "The Value of Remedies in the Treatment of Cataract." The author stated several facts which lend plausibility to the theory of the elective affinity of drugs for the lens. In this condition he has witnessed very gratifying results from remedies but regrets the general neglect of systematic reports in these cases.

The discussion of this able paper was as interesting as any during the meeting. The subject is one of such vital importance and one so close to the heart of every ophthalmologist that nearly every member had his share in the debate.

The discussion was opened by Dr. W. R. King, of Washington. He thinks we must confine our hope of any radical results from medication to the incipient stage of cataract. Where there is any constitutional dyscrasia it must have careful attention. When the condition is apparently independent of any known constitutional cause, Dr. King is inclined to depend to a great extent upon galvanism and feels he has had many good results from it. The speaker related some experiments made with a form of cataphoresis; moistening the absorbent cotton covering the electrode placed upon the eye with a solution of idodide of sodium or potassium. As yet the results of this treatment are uncertain. After considerable use of Cineraria maritima Dr. King has failed to note any effect whatever from its application, but he has without doubt seen incipient lenticular cataract of a senile character entirely disappear under treatment.

Dr. R. S. Copeland spoke of the remarkable coincidence of cataract cases with residents in limestone localities. He contrasted two districts in Michigan, in one of which, a limestone country, there are many cases of cataract; in the other, where there is no lime in the water, cataract is almost unknown. Dr. Copeland believes it a reasonable proposition that lime taken into the system through the drinking water may be the cause of cataract. He spoke of his use of Calcarea fluorica for this condition. While not a new idea, he is making use of it in his clinic. So far the results are almost entirely negative but in one case of senile cataract there certainly has been decided improvement. A powder of the 30x has been given each day. The speaker in one or two patients has observed bad effects upon the teeth following the persistent use of the remedy.

Dr. F. Park Lewis agreed with Dr. Copeland that it is reasonable to believe that the condition of the lens might be changed by the presence of mineral matter in the drinking water. He spoke of the large percentage of salts in the water of Niagara River and said they should be removed before the water is used for drinking purposes. He looks upon the correction of the refraction as of great importance in preserving vision in incipient cataract.

Dr. A. B. Norton has used Calcarea phosphorica in a great many cases with good results. Since cataract will often remain stationary for years, the speaker tells his patients they must not expect results of any kind in less than two years.

Dr. F. H. Boyton looks upon Sulphur, Phos-

phorus, Arsenicum and Silicia as the best remedies, and says they can be depended upon to check the majority of such cases. He has seen cases improve after fifteen years' standing.

Effects of Artificial Illumination Upon the Eye.

The next paper was a very interesting and valuable "Study of Artificial Illuminants in Their Effects Upon the Eye," by Dr. F. Park Lewis. This was illustrated by a series of experiments with various illuminants, showing the effects of different shades and globes.

Then Dr. F. H. Boynton, of New York, exhibited sixty original plates, drawn from nature, of pathological conditions of the fundus oculi. Too much cannot be said in praise of these artistic and perfect drawings. For years Dr. Boynton has been at this labor and when it is finished he will consider it the crowning feature of his life's work. Every one who saw the plates is clamorous for their early reproduction and publication. The story of their preparation is interesting. Several years ago Dr. Boynton employed a young lady artist to do the painting. He taught her the use of the ophthalmoscope and through these years has patiently suggested and criticised until sixty or more of the whole number have been completed. The painstaking care and absolute perfection of the drawings are in evidence of the tremendous undertaking and its successful realization. The Century congratulates Dr. Boynton and his clever assistant.

The rest of the evening was devoted to an informal reception by Dr. and Mrs. Lewis. Refreshments were served and sociability reigned supreme. Regretfully the guests said good-night.

Pharyngo-Mycosis.

At the morning session of Thursday several interesting papers were read. Dr. T. L. Shearer, of Baltimore, wrote of "Pharyngo-Mycosis." This opened the way for a general discussion of throat disease. Somebody spoke of the value of Ecenacia for tonsillar crypts and Dr. C. F. Sterling, of Detroit, spoke at length of the use of Nitric acid in throat and nasal diseases. In hypertrophied turbinates, nasal polypi and enlarged tonsils he makes free use of nitric acid locally.

Laryngeal Tuberculosis, Cancer and Syphilis.

The subject was continued in Dr. Geo. H. Quay's paper on the "Differential Diagnosis of Tuberculosis, Syphilis and Cancer of the Larynx and Pharynx." The writer showed his usual careful and complete analysis of the subject.

Thuja and Secondary Cataract.

Dr. W. R. King in his paper, "The Remedy or Merely a Coincidence, Which?" related a case of secondary cataract and its disappearance coincident with the internal use of Thuja. Whether due to the remedy or not it was an interesting case and a brilliant cure.

The Ophthalmic Bandage.

"The Ophthalmic Bandage" was considered by Dr. E. W. Beebe, of Milwaukee. The speaker exhibited a bandage of his own device. It is made of crinolin and possesses special advantages of lightness, coolness and ease of application.

Congenital Anomalies

The last paper and one of exceptional interest was by Dr. Geo. M. Haywood, of Rochester, N. Y. Congenital anomalies are strange things and this was no exception to the rule. "Congenital Aphakia with Capsular Cataract—A Case." Dr. Haywood's description was graphic and the case must be recorded as a rare one.

Election of Officers.

The election of officers was entirely free from electioneering or wire-pulling. The offices sought the men. The result of the election was as follows:

President, Dr. W. R. King; First Vice President, Dr. T. L. Shearer; Second Vice President, Dr. H. P. Bellows; Secretary-Treasurer, Dr. C. H. Helfrich; Censors, Drs. A. B. Norton, E. J. Bissell, R. S. Copeland, G. H. Quay, E. W. Beebe.

Here ended the enthusiastic and successful meeting of the reorganized Society. The officers and members are to be congratulated. The specialties, homeopathy and humanity are sure to be benefited by such gatherings.

OCULAR LESIONS DEPENDENT UPON CONSTITUTIONAL DISEASES.

BY JOSEPH DAVIDSON LEWIS, M. D.,
LATE ASSISTANT SURGEON TO NEW YORK OPHTHALMIC HOSPITAL, ST. PAUL, MINN.

This is perhaps the most interesting subject to the general physician of any coming within the scope of ophthalmology, hence the numerous essays under similar titles. In the preparation of this paper the distinctive aim has been to briefly call attention to the close relations that so frequently exist between many constitutional diseases and lesions of the eye. The ocular manifestations of certain constitutional diseases are frequently the first symptoms to present themselves—some only suggesting the presence of disease affecting remote organs, while others are quite pathognomonic.

The Lids.—In the lower lid we frequently observe manifestations of albuminuria in the form of a swollen, puffy condition. Partial ptosis in women sometimes has its origin in derangement of the generative organs—the reflex neuroses acting through the sympathetic nervous system. Ptosis may result from a variety of causes, common among which are syphilis and rheumatism.

The Conjunctiva.—Non-inflammatory edema of the of the conjunctiva is one of many ocular lesions due to diabetes. Decayed teeth will produce conjunctivitis through faulty mastication. Sub conjunctival hemorrhages may indicate arterio-capillary fibrosis—a condition that portends cerebral apoplexy. These forerunners may be a warning against this dread disease which treatment may delay or even prevent an onset. These hemorrhages beneath the conjunctiva frequently occur in Bright's disease—usually during the night. Conjunctivitis attending measles is frequently met with, and in some cases of variola, we have a formation of pustules on the conjunctiva. Conjunctivitis exanthematica is a general term for all similar conditions which accompany exanthems of the skin. The eruptions in many cases first appear on the conjunctiva.

The ocular manifestations of Basedow's disease usually appear sometime after other symptoms common to this affection.

The Cornea.—Vesicular eruptions of the cornea not infrequently follow an atack of pneumonia, bronchitis, or influenza. Parenchymatous keratitis is a pathognomonic symptom of hereditary syphilis. How rarely do we fail to find Hutchinson's teeth accompanying this condition! A common manifestation of a scrofulous diathesis is corneal ulceration. Abscesses of the cornea are sometimes developed metastatically in small-pox.

The Ocular Muscles.—Syphilis, rheumatism and diphtheria play important rolls as causative factors in paralysis of the extra- and intra-ocular muscles.

The Iris.—Inequality of the pupils is a phenomenon always dependent upon a pathological condition and, excluding local causes, is a valuable aid in diagnosticating reflex disorders. In tabes dorsalis or other spinal lesions and insanity we observe the Argyll-Robertson pupil. Dilated pupils (mydriasis) lead us to look for brain lesions, acute or chronic poisoning, syphilis, or post-diphtheritic symptoms. In delirium and mania and in constitutional poisoning and irritation of the sympathetic nerves we also meet with dilated pupils. Contraction of the pupils (myosis) is seen in the beginning of meningitis, after the use of opium, chloral or nicotine. Paralytic myosis is one of the important symptoms of paralysis of the cervical sympathetic. About 75 per cent. of all cases of iritis (excluding traumatism) have their pathogenesis in syphilis and rheumatism. Gummata occurring in iritis, affords a means of positive diagnosis of specific origin. Paralysis of accommodation is a common sequel to diphtheria, and belongs among the post-diphtheritic symptoms. Other diseases acting as causes are influehza, syphilis, diabetes and tabes.

The Lens.—Cataract appearances sometimes denote the presence of diabetes or other nephritic complications.

Syphilitic dust in the vitreous is one of the many ocular manifestations of this disease.

The Retinal Vessels.—Normally, pulsations are not observable in the retinal arteries, and when we meet with this condition, which is, therefore, always pathological, we usually find the cause in one of the following diseases: General anemia, chlorosis, morbus basedowii or aortic insufficiency. We quite commonly meet with retinal hemorrhages in old people with atheromatous vessels, and this tendency is intensified when associated with a cardiac lesion. Perivasculitis and an altered character of the blood are predisposing causes of retinal hemorrhage. These hemorrhages may be precursors of cerebral apoplexy, and thus the early recognition of such a tendency may be of the greatest importance to the attending physician.

Thrombosis and embolism of the retinal arteries are frequently manifestations of cardiac disease, abnormal conditions of the blood, or both. Infected emboli, originating at remote parts of the body, and conveyed to the eye by the general circulation, readily set up a panophthalmitis, or suppurative inflammation of the retina.

The Retina and Optic Nerve.—In about one-third of the cases of albuminuria there are characteristic manifestations in the retina. In typical cases the distinguishing features are so marked in the eye that the oculist can make a correct diagnosis with the ophthalmoscope alone. In typical cases the symptoms lead us to suspect albuminuria, and in this manner the oculist is sometimes the first to direct attention to the kidney lesion.

Optic neuritis is a manifestation of such general diseases as acute anemia, after great loss of blood from hemorrhage from the stomach or metorrhagia, acute infectious diseases, albuminuria, scrofula, diabetes, the puerperal state, and diseases of the nervous system. Other causes are heredity, lead poisoning, disturbances of nutrition of various kinds, disorders of menstruation and pregnancy.

Retrobulbar neuritis (toxic amblyopia) is a lesion of the optic nerve which is a manifestation of acute infectious diseases, suppression of menses, measles, and influenza. Alcohol and tobacco are, however, the common causes. The symptoms are so characteristic (a central scotoma without or with insignificant ophthalmoscopic changes except in the chronic variety), that it is seldom confounded with any other eye disease.

Atrophy of the optic nerves may indicate a spinal affection, progressive paralysis of the insane, disseminate cerebral sclerosis, or tabes dorsalis. The last named is far the most frequent cause.

Prominent among the concomitant symptoms of diseases of the brain is optic neuritis. Cerebral tumors very frequently result in optic neuritis, usually under the form of choked disk. It is interesting to know that some authorities claim this condition to be wanting in only 10 per cent. of the cases, according to others, 20 to 30 per cent. Choked disk may be the only positive symptom of a tumor of the brain, and when this condition is suspected the fundus oculi should always be examined.

This subject is too exhaustive to attempt more than an outline in a single paper, yet the facts which I have mentioned are sufficient to show the necessity of regarding the eye as a part of the body-corporate.

DISEASES OF THE EYE DEPENDENT UPON DISEASES OF THE NOSE.

BY THOS. M. STEWART, M. D., CINCINNATI, OHIO.

This paper is not intended as a commentary upon the diseases that the foregoing title would naturally call to mind. To say that keratitis, conjunctivitis, eye-strain, supra-orbital neuralgia, ciliary neuralgia, headache accompanying eye-strain, etc., are diseases that in many instances depend upon lesions within the nose is but to reiterate the later views of many observers. Should the list be increased by the addition of some forms of muscular insufficiencies, as well as some types of distinct paretic conditions, I am afraid that the statement would not meet with the same degree of assent even from specialists.

While many of us have seen the beneficial effects upon the eye of treatment of coincidental nasal disorders others may not have realized the astonishing results sometimes observed.

Perhaps the only thing necessary for me to say is this: Examine the nasal pasages in every case of eye trouble, record the results as a part of the written record of the symptoms, refraction, diagnosis, etc.; if anything abnormal be found institute the proper treatment; then a final report from the case may show some of the surprises that it has been the writer's good fortune to witness.

The following is a case in point:

Patient, a young lady, complains of headache from use of the eyes; refraction apparently corrected, but the glasses do not ease the pain in the eyes. Sensation in the eyes described as "a pulling, with the pain at the root of the nose," suffers from post-nasal catarrh, thick secretions, has had a course of treatment without much, if any, benefit to the nasal condition; muscles show esophoria, degree not constant.

Examination of the eyes showed the glasses she already had to be quite as satisfactory as any others. The degree of the muscular trouble varied, showing a nervous influence of some kind. Examination of the nasal passages revealed nothing abnormal; cocaine to turbinates allowed of a little freer use of eyes, but some tugging or pulling still apparent. Post-nasal examination showed a granular inflammation; but on the septum running down its posterior edge, pus

was seen. Underneath the pus an ulcerated surface was made out.

With not much assurance to the patient, but with some degree of confidence, this ulcerated surface was treated, and healed under the use of calendula swabbing, with occasional use of nitrate of silver.

The results were more than I had any reason to hope for. The esophoria disappeared; the headaches on use of the eyes also give no more trouble, and an astigmatism against the rule became one of astigmatism with the rule.

This case simply emphasizes the importance of the subject under consideration. My own experience does not allow me to say anything with regard to paretic conditions just at this time. Cases are under observation, however, and at some other time I may be able to report definitely as to results.

Climatology.

SOME REMARKS UPON ACCLIMATIZATION, WITH SPECIAL REFERENCE TO THE CLIMATE OF UTAH.

BY J. A. HANCHETT, M. D., SALT LAKE.

The Law of Natural Selection.—Through a long course of natural selections all forms of organic life have tended toward a closer harmony with their environments. Those species which have been gradually brought under the most extreme conditions and for the greatest length of time have changed to the greatest degree. It is largely due to the differences in climate that the flora and fauna of the tropical regions differ so much from the arctic.

This being the case, it must naturally follow that a removal of habitation sufficient to materially change the climatic surroundings must alter the normal conditions of life. Abundant evidence of this fact is familiar. Few varieties of vegetable life can be removed to a materially different climate from what they are accustomed to without greatly changing their growth, time of blooming, and fruitfulness. The Indian corn grown in the short summers of New England does not compare in size and productiveness to that grown in the longer summers of the South. The apple-trees of Russia are advertised for withstanding the cold winters of the Northwest.

According to Darwin the root of the Aconite napellus becomes innocuous in frigid climates, the Hemlock does not yield conicine in Scotland, European dogs soon deteriorate and some breeds can not live in India. Most wild animals live but few years in Zoological Gardens. The natives of the high plateaus of Peru, who have developed such enormous chests, when taken to low altitudes soon die of tuberculosis. The statistics of the British army show a greater death-rate among their troops in foreign lands than at home.

Effects of Change of Climate Upon Man.—In consideration of the above facts, why should it ever be well to send a patient already weakened by disease to a new climate, there to have to adapt his already debilitated system to the new surroundings? Provided this change is not properly made, and with a full understanding of the dangers attending it, I do not believe it can be done, during any acute condition, without detriment to the patient. Removals necessitating too great and too abrupt changes in climatic surroundings I believe are injurious as a rule.

On the other hand, man can most readily adapt himself to varying climates by his ability to modify his mode of living in such a manner as to counteract the effect of these changes. It can not be questioned but that an individual suffering from malarial poison will be benefited by going to a region free from that poison. No matter what the condition, provided the patient is able, a change from an unhealthy city air to the pure and bracing atmosphere of the country, must be beneficial. I believe the correct answer to the question why the change of climate does good in such a large number of cases suffering with tuberculosis is that their new surroundings are unfavorable to the development of the tubercle-bacillus. It is also reasonable in theory, and proven by experience, that often following severe acute diseases, as typhoid and pneumonia, a change to a moderately stimulating climate with abundant sunshine and a bracing air convalescence is hastened and the ill-effects of the disease more completely thrown off. Possibly in these cases the improvement is partially produced by the relaxation and change of scene, and their consequent mental effect.

Climatic Conditions of Utah.—That the conditions of the climate of Utah are such that one may readily become accustomed to them, and that they are such as to be most desirable for those in search of a natural sanitarium, I believe can be best shown by an investigation of the distinctive features of our climate.

The altitude of Salt Lake City is 4,300 feet. Changes in altitude produce the most immediate effect upon the system, the rarefied air causing greater expansion of the chest and increasing the frequency of the pulse. But at our moderate elevation, 1,700 feet lower than Colorado Springs, much less difficulty is experienced than at the majority of the Rocky Mountains' resorts.

The second feature of importance in our climate is the relative humidity. In this regard Utah, Nevada and Arizona excel all other States, the mean relative humidity for these states during the summer months being thirty per cent.; which is to say, the air could contain three-and-one-half times as much moisture as it does, or that the air of the Atlantic States contains 2½ times more moisture than that of Utah. It is probably due to the dryness of the air that tubercular cases do so well here. Moisture is always favorable to the development of germs.

In the matter of temperature Utah has mild winters, the average coldest day for twenty years being 8 degrees above zero. In going back six years there have only been two days when the mercury registered one degree below zero. While our summers are long, with constant sunshine, because of the dryness of the air the heat is never oppressive and the nights are always cool. Sunstroke is unknown.

The "sensible temperature" for the months of July and August, as furnished by the Signal Service, is the same in Salt Lake City, Denver, Winnipeg and Halifax, or 17 degrees less than New York City. While the variation between the night and day temperature is considerable, we are not subject to the sudden changes of weather of the East, and seem to be entirely dependent upon the local conditions, being shut in on all sides by high mountain-ranges. Wind storms and cyclones never occur, the total annual movement of the wind being but one-half that of the Atlantic coast, or an average of five miles per hour.

The pure, dry air and bright sunshine, the pleasant surroundings and beautiful mountain scenery, the

hot sulphur springs and the Great Salt Lake, make Salt Lake City a veritable sanitarium.

In going to a higher altitude the mistake most often made is from over exercise upon first arrival. At our moderate elevation one in vigorous health does not realize any difficulty, but with invalids it is quite different and they should always be warned not to exert themselves until the lungs and heart have become accustomed to the rarefied air.

Classes of Cases Benefited by Change.—In my experience the class of cases most benefited by coming to Salt Lake City are those in the earlier stages of consumption, also cases recovering from pneumonia, pleurisy and typhoid fever, cases of asthma, and sufferers from malaria.

In times past the distance and difficulties attending a journey to our healthful climate was sufficient reason many times to prevent the invalid from coming; but at the present day, with all the luxury and ease of modern railway travel, any one who may hope for benefit by a change of climate is surely able to come.

By the Union Pacific System only forty-six hours are required from Chicago, nearly a day less than by any other route. There are no changes of cars or tiresome delays; no sudden changes in altitude nor sharp windings through the mountains, with their attendant jolting; no high mountain passes nor scorching deserts to pass as by other roads. In short, the journey is a rest for the invalid and recreation for the well.

Our stimulating air is a natural tonic, our beautiful mountain scenery a constant sedative, and our bright sunshine a true antitoxin.

Hahnemann Monument

REPORT OF COMMITTEE ON HAHNEMANN MONUMENT.

BY J. H. M'CLELLAND, M. D., CHAIRMAN.

Your Committee begs leave to report that the work imposed upon it by the Institute has gone steadily forward. Although financial stringency has delayed the collection of funds, the faith of the Committee in the ability and willingness of the homeopathic profession to complete this great work has never wavered. In this faith also the sculptor, architect, founder and quarryman have gone on to complete their contracts, and it lies with us that this confidence be not abused. Payments have been long delayed for much of this work, and we must now meet our obligations.

Your Committee has carried forward this project depending upon the loyal support of the profession. That it has taken several years to secure the superb result we have to offer is neither unusual nor discouraging. The Grant Monument, as we know, was a dozen years or more in the building, because of lack of funds. Witness also the length of time consumed in finishing the Monuments to Washington in Washington City and Philadelphia.

But more nearly akin to our effort is the long delayed Monument to Rush, which has engrossed the attention, if not the united efforts, of a sister national medical society. The Committee in charge of this last-named project has addressed the following appeal to its dilatory colleagues in which more than casual mention is made of our splendid memorial to Hahnemann. The report says:

An Allopathic Opinon.

'The remarkable success of the relatively small body of homeopaths in the United States in collecting $75,000 for their Monument to Hahnemann, to be erected in the city of Washington, ought to make every reputable regular physician in the Country keenly alive to the necessity for promptly subscribing to the fund for the long delayed Monument to Benjamin Rush.

"The model for the Monument to Hahnemann, which has been on exhibition in New York City, has attracted general admiration on account of its great beauty and artistic excellence, which will make it unrivaled as a work of this kind.

"The regular Medical profession, numbering over one hundred thousand more than the entire body of homeopaths, has thus far subscribed less than four thousand dollars towards the projected Monument to Dr. Rush, for which the Navy Department has already generously designated a commanding site in the park fronting the United States Naval Museum of Hygiene, where it will be one of the most conspicuous features of the National Capital.

"Are the regular physicians of the United States willing that this illustrious signer of the Declaration of Independence and the distinguished medical hero of the Revolution shall be commemorated by an insignificant bust or a mediocre statue, in pitable contrast with the splendid testimonial at their capital city to a foreign theorist by a comparatively small body of his misguided followers? The crowds of visitors to Washington cannot fail to attach a disparaging significance to the spectacle of these two monuments; and we appeal to you to aid the Committee in its endeavors to do justice to the memory of this great father of American medicine, pure and undefiled, by sending by return mail to either of the undersigned as large a contribution as you may be able to make."

This is certainly high praise from a source not over-prejudiced in our favor. Will the homeopathic profession follow a similar dilatory course? We think not!

A grave duty, therefore, confronts them at this time. In general terms, only about one-half the amount credited to us has been subscribed, and hence part of the glory we have enjoyed has been premature,—but only premature, as we firmly believe.

The money will be raised, and it only remains to bring the matter to the personal attention of the profession in order to secure the entire amount proposed. Many already have subscribed liberally, but most, not at all. Our subscriptions range from one dollar to five hundred-and-ten dollars; the latter sum, be it said to the honor of a woman of the profession, was the thank offering of Dr. Nancy T. Williams of Augusta, Me., and is the largest individual subscription to the monument. All honor to her!

The list of paid-up subscriptions is appended as part of this report, and a supplemental list will be added later.

Many, on account of the hard times, have not paid in their subscriptions, but your Committee cannot too strongly urge the immediate payment of these now. Work has been done far in advance of the payments, and these payments are now due and over-due.

It is the purpose of the Committee from this time on, to open subscriptions to be paid monthly, as an easy way for members to make their contributions. We trust many will respond on this plan.

It has also been decided to employ one or more canvassers who will call upon each member of the

profession who has not already subscribed. Your Committee reports that President Cleveland having pocketed our bill providing for the selection of a site a new bill has been introduced in Congress and will probably be passed without opposition.

Finally, the attention of the members is called to the photographs of the statue and entablatures on exhibition, which give a fair idea of the impressive character of the work. It will be observed that likenesses have been introduced of many distinguished followers of Hahnemann; among these are Gross, Staph, Hartman, Hering and Dunham.

Supplemental Report.

Your Committee begs to report, supplementally, that much interest has been manifested in the Monument during this meeting and many additional subscriptions have been secured while many more have been promised. The Chairman has been treated to a bit of a surprise—which he does not feel justified in withholding from the Institute at this time. It is a rare bit of good news and will not keep.

In the report of the Committee presented earlier in the session, it was stated that the largest individual subscriber was Dr. Nancy T. Williams, of Augusta, Maine. It is now my pleasure to announce that this noble woman, in gratitude for what Hahnemann and homeopathy has done for her, begs the privilege of adding one thousand dollars to her previous subscription. This she modestly informs the Chairman is from her own earnings in putting into practice the teachings of Hahnemann, and is her way of practically showing her gratitude. If all followers of Hahnemann would but faintly realize their debt of gratitude in this way your Committee would be ready to erect the Monument within ninety days.

But this is not all the good news. The Meissen Society through its efficient Secretary, Miss Emily F. Paine, informs the Chairman that at a meeting held during our sessions the society pledged itself to raise one thousand dollars for the Monument, and Miss Paine is already laying plans to make good the society's pledge.

Another encouraging movement set on foot by one of our most active ladies, Mrs. Dr. Jos. T. Cook, is the formation of a "Ladies' Monument Association," which promises large results. In addition to the above the Committee has received $781 in subscriptions at this meeting.

With this encouraging start for the year your Committee is sanguine of raising the amount of subscriptions necessary to complete the Monument in time to announce the fact at the next meeting of the Institute.

Let everyone now lend a helping hand.

Correspondence.

INTERESTING LONDON LETTER.

THE LONDON HOMEOPATHIC HOSPITAL, POST-GRADUATE COURSE—BRITISH HOMEOPATHIC SOCIETY.

London, July 15, 1897.

Here I am domiciled at Miss E. Risby's English-American Family Home, 29 Upper Bedford place, Tavistock Synod, W. C., where American physicians can find a very pleasantly and centrally situated, home-like boarding place, at reasonable rates, especially for those intending to spend some time in London. My thanks are due to Dr. J. Richey Horner, of the Medical Century, for suggesting the place, as well as for many other happy suggestions.

Naturally a medical man's points of interest are medical institutions and hospitals. Belonging to a tribe known as homeopaths I first directed my steps toward the London Homeopathic Hospital, a perfect gem of its kind, embodying all the latest developments of scientific hospital construction, and reflecting credit on homeopathy, on those to whom the labor of its work has fallen and on those who have so generously supplied the funds. It is not too much to say that every excellence possessed by the most approved modern hospitals is represented in the new building.

The old London Homeopathic Hospital was one of the old established general hospitals of the metropolis, built more than forty-five years ago. The first seeds of the new and magnificent hospital were sown by Dr. Frederick Quin, the champion of the homeopathic doctrine, which he had received from Hahnemann himself, in the way of a dispensary in August, 1846, the British Homeopathic Society cooperating in the good work. In 1895 the new hospital, with two wings, another to be added, was rebuilt.

The post-graduate course at the London Homeopathic Hospital has been thoroughly practical and largely of the nature of a clinical demonstration. The enlarged and modern structure has attracted the notice of medical men, and through them both in- and out-patient work has been increased. The teaching, in addition to being a summary of present practical knowledge of subjects under treatment, was a resume of the personal experiences of the lecturer, both as to natural history and the treatment of disease. In most instances the illustration of the subject was carried out by the exhibition of cases.

Homeopathic physicians going abroad for study should by all means not slight the Post-Graduate at the London Homeopathic Hospital. Those not perfectly familiar with the German language will do better in London in post-graduate work than on the continent.

My stay in London was an exceedingly pleasant and profitable one. The first medical gentleman whom I had the pleasure to meet was Dr. Washington Epps, who, with Dr. Galley Blackley, is one of the seniors of the hospital staff. Dr. Epps holds interesting clinics on skin affections. While not carrying so much avoirdupois and more quiet, yet there is some similarity to our Dr. McDermott.

Dr. D. Dyce Brown, consulting physician, is genial and gentlemanly, and his presence at once commands respect. His hair is long and straight and he is never seen without a boutonniere.

Mr. Dudley Wright, M. R. C. S., is a splendid good fellow, is one of the advanced school, and his keen, quick eye at once indicates that he would be ready to operate on any case and know how to do it, while Mr. Knox Shaw, his senior, is an excellent surgeon, possibly a little more conservative.

Gerard Smith, Esq., alias "Sherlock Holmes," in his humorous and dramatic way, not only knows how to demonstrate deformed bones and spines but also knows how to remedy them. The stage lost a good man in Mr. Smith.

James Jonstone, Esq., has had advantages in Practical Pathology and Bacteriology that few men have had, and consequently points on these subjects are at his fingers' ends, and he has a quiet, clear way of demonstrating them.

Dr. Geo. Burford, on Practical Gynecology, ob-

jects to being classed with the shining lights of London; nevertheless he is one of them. He is small in stature, but has a large head, is not only a gentleman of culture and refinement, but also a brilliant speaker. He at all times has a wonderful vocabulary at his command. While a surgeon he still thinks progress should be in the direction of medicine and that surgery is only an excuse for what medicine cannot do. He is an admirer of the Medical Century.

Dr. Roberson Day gave lectures on anesthetics and their administration. I had the privilege of seeing many interesting cases of the children's department. He administers nitrous oxide gas to the degree of unconsciousness, then ether is the favorite anesthetic. The gas seems to counteract the tendency to nausea and vomiting usually caused by ether. Children are given the "A. C. E." mixture—on account of the extreme irritation to the bronchial mucous membrane.

Dr. N. A. Neatby, gynecologist, operates neatly and prescribes very carefully. To his left on his desk will be seen Allen's Handbook, Minton's Therapeutics of Uterine Affections, and C. Lippe's Repertory.

Dr. Byres Moir was very kind in showing a number of cardiac affections. In his lecture-demonstrations he gave an account of the methods at present in use at Nanheim, and of the exercises recommended by Dr. Schott. A case of mitral disease at present in the hospital was shown who had been undergoing the treatment without any internal medicine with great improvement. With reference to exercise the lecturer expressed decided preference for Swedish exercises compared to the resisting-movements of Dr. Schott.

In Dr. Goldborough's clinic I saw a case of gastric ulcer cured by Ferrum aceticum 3x. Dr. G. selects his remedies very carefully, and gets good results in cases where they may be expected.

This by no means concludes the list of homeopathic physicians in London. With the exception of Dr. McNish, who is a splendid all-around man, these are only the men connected with its hospital whom I had the pleasure of meeting. Dr. Munson of Illinois and Dr. Glidden of Montana were here attending the course.

My stay culminated in the privilege of meeting with the British Homeopathic Society, Dr. Madden President.

The section of General Medicine and Pathology had made arrangements for a clinical evening, where the following cases were exhibited:

Dr. Burford cited a case of renal calculi—operated upon (not by himself) three times with return of symptoms of the disorder. The question of treatment by medicine was discussed at length by members of the Society.

Dr. Z. A. Neatby exhibited a case of uterine fibroid very much benefited by the internal use of Bromide of Gold and subsequently Iodide of Lime.

Dr. Goldborough exhibited a case of Pseudo-hypertrophic paralysis in a boy of fifteen years, who had had Phosphorus 3x for several times with benefit.

Dr. Blackley presented a case of psoriasis.

Mr. Wright presented a case of syphilitic infection from an unclean tonsilitome, and Dr. Moir a case of congenital heart disease in a girl of fifteen years, without cyanosis, and Mr. Shaw a case that had been operated upon for renal calculi three years ago without return of symptoms. The meeting was a very interesting and profitable one.

S. R. Geiser, M. D.

Cincinnati.

Associations.

AMERICAN INSTITUTE ROSTER.

Senior Members Present at Buffalo.

1 Allen, R. C., Philadelphia.
2 Beebe, E. W., Milwaukee.
3 Burgher, J. C., Pittsburgh.
4 Baxter, H. H., Cleveland.
5 Brown, E. V., North Tarrytown, N. Y.
6 Boothby, Alonzo, Boston.
7 Betts, B. Frank, Philadelphia.
8 Beckwith, D. H., Cleveland.
9 Bigger, H. F., Cleveland.
10 Chase, H. L., Cambridgeport, Mass.
11 Comstock, T. Griswold, St. Louis.
12 Dake, B. F., Pittsburgh.
13 Dudley, Pemberton, Philadelphia.
14 Edmundson, W. F., Pittsburgh.
15 Foster, W. D., Kansas City.
16 Greenleaf, J. T., Owego.
17 Hutchins, H. S., Batavia, N. Y.
18 James, Bushrod W., Philadelphia.
19 James, John E., Philadelphia.
20 Kellogg, E. W., New York.
21 Kinnie, T. Y., Patterson, N. Y.
22 Ludlam, R. L., Chicago.
23 Mitchell, John S., Chicago.
24 McClelland, J. H., Pittsburgh.
25 Pennoyer, N. A., Kenosha.
26 Paine, H. M., Atlanta.
27 Smith, T. F., New York.
28 Smith, St. Clair, New York.
29 Van Norman, H. B., Cleveland.
30 Wright, A. R., Buffalo.
31 Woesselhoeft, Conrad, Boston.
32 Worthington, A. F., Cincinnati.
33 Woesselhoeft, Wm. P., Boston.
34 West, Edwin, New York.
35 Wilder, L. V., Buffalo.
36 Willard, L. H., Alleghany.
37 White, T. C., Rochester.
38 Wetmore, Jas. McE., New York.

Members Present at Buffalo.

1 Allen, John, Philadelphia.
... Allen, H. C., Chicago.
2 Albertson, C. S., Buffalo.
3 Ames, C. S., Ada, O.
4 Adams, R. A., Rochester.
5 Allen, Geo., Gowanda, N. Y.
6 Adams, Geo. S., Westboro, Mass.
7 Anderson, J. Wylie, Denver.
8 Besemer, H. B., Ithaca.
9 Beebe, H. E., Sidney, O.
10 Bailey, B. F., Lincoln, Neb.
11 Bailey, E. S., Chicago.
12 Brown, Blumb, Springfield, Mass.
13 Burroughs, Amelia, Boston.
14 Briggs, W. S., St. Paul.
15 Boone, G. H., Pottsville, Pa.
16 Bono, A. J., Adams, Mass.
17 Bartlett, C. E., Philadelphia.
18 Bodenbender, E. G., Buffalo.
19 Bellows, H. P., Boston.
20 Bray, Amanda C., Worcester, Mass.
21 Besemer, Martin, Ithaca, N. Y.

22 Bissell, E. J., Rochester.
23 Brickley, Laura C., Cincinnati.
24 Bull, W. H. H., Atlantic City.
25 Bailey, A. W., Atlantic City.
26 Boynton, F. H., New York.
27 Belden, Chas. K., Jamaica, N. Y.
28 Barton, J. M., Worcester, Mass.
29 Barnard, Jas. S., Baltimore.
30 Blair, W. W., Pittsburgh.
31 Collins, Newton M., Rochester.
32 Clapp, J. Wilkinson, Boston.
33 Crosby, G. W., Atlantic City.
34 Clark, Geo. F., Aylmar, Ontario.
35 Carpenter, W. B., Columbus, O.
36 Chadwick, J. G., Buffalo.
37 Clapp, Katherine, Chicago.
38 Closson, J. H., Germantown, Pa.
39 Couch, Asa S., Fredonia, N. Y.
40 Curran, E. J., Oil City, Pa.
41 Crandall, W. A., Buffalo.
42 Cobb, J. P., Chicago.
43 Cowell, Joseph H., Saginaw, Mich.
44 Carmichall, T. H., Germantown, Pa.
45 Croft, W. B., Medina, O.
46 Candee, J. W., Syracuse.
47 Coon, G. S., Louisville.
48 Copeland, R. S., Ann Arbor.
49 Curtis, H. N., Marietta, O.
50 Cushman, Mary F., Castine, Me.
51 Connett, G. C., Morristown, N. J.
52 Church, T. T., Salem, O.
53 Cormichael, J. H., Springfield, Mass.
54 Carter, R. B., Akron, O.
55 Clark, W. E., Three Rivers, Mich.
56 Chapman, Millie E., Pittsburgh.
57 Clark, B. G., New York.
58 Clokey, Allison A., Louisville.
59 Clash, Chas. N., Winnipeg, Manitoba.
60 Campbell, Jas. A., St. Louis.
61 Cook, Jas. T., Buffalo.
62 Costain, Thos. E., Chicago.
63 Cowperthwaite, A. C., Chicago.
64 Custis, J. B. Gregg, Washington.
65 Decker, Wm. More, Buffalo.
66 Deschere, Martin, New York.
67 Drake, J. H., Des Moines.
68 Drake, F. J., Webster City, Iowa.
69 Dixey, Mabel G., Fremont, O.
70 Danforth, L. L., New York.
71 Deuel, W. E., Chittenango, N. Y.
72 Delamater, N. B., Chicago.
73 Dodge, Chas. E., Manchester, N. H.
74 Dodd, H. L., Chestertown, Ind.
75 Dale, Harvey, Oshkosh.
76 Dewey, W. A., Ann Arbor.
77 Evans, A. J., Fredonia.
78 Ellis, J. T., Waynesville, O.
79 Elliott, Frank, Kansas City.
80 Earl, Geo. H., Boston.
81 Freeborn, Grant, Waterbury, Conn.
82 Flemming, J. R., Atlantic City.
83 Forster, W. A., Kansas City.
84 Fisher, E. A., Buffalo.
85 Frazee, C. E., Buffalo.
86 Ferguson, A. B., Salem, Mass.
87 Fay, R. R., Yonkers, N. Y.
88 Fiske, E. Rhodney, Brooklyn.
89 Fisher, C. E., Chicago.
90 Fischbach, F. W., La Port, Ky.
91 Foote, D. A., Omaha.
92 French, M. R., Chicago.
93 Fahnestock, J. C., Piqua, O.
94 Gregg, E. R., Pittsburgh.
95 Gann, J. A., Wooster, O.
96 Gifford, Willis B., Attica, N. Y.
97 Goldsmith, A. E., Home City, O.
98 Givens, Amos J., Stanford, Conn.
99 Goodno, Wm. C., Philadelphia.
100 Green, W. E., Little Rock.
101 Gardner, L. B., Buffalo.
102 Geohegan, Wm. A., Cincinnati.
103 Gale, Chas. A., Rutland, Vermont.
104 Griffith, Alex. R., Montreal, Canada.
105 Geddes, Annie L., Glen Ridge, N. J.
106 Goodman, Chas. H., St. Louis.
107 Gatchell, Chas., Chicago.
108 George, Edgar J., Chicago.
109 Hough, W. D., Niagara Falls.
110 Hunt, D. B., New York.
111 Hopkins, W. W., Geneva, N. Y.
112 Haines, C. L., Whitesboro, N. Y.
113 Hanchett, J. C., Salt Lake City.
114 Hurd, S. W., Lockport, N. Y.
115 Hinsdale, W. B., Ann Arbor.
116 Holton, Chas. L., Richmond, Ky.
117 Hassler, M. Margaret, Allentown, Pa.
118 Hodge, Wm. H., Niagara Falls.
119 Harrell, Samuel, Noblesville, Ind.
120 Hancock, Jas., Philadelphia.
121 Halbert, H. V., Chicago.
122 Hardy, W. J., Belmont, N. Y.
123 Hartman, W. Lewis, Syracuse.
124 Helmuth, W. T., Jr., New York.
125 Hilton, W. M., Waverly, N. Y.
126 Hussey, E. P., Buffalo.
127 Harrison, Herbert A., N. Winfield, N. Y.
128 Hagard, T. L., Iowa City, Iowa.
129 Hooker, Edw. B., Hartford.
130 Hanchett, Wm. H., Omaha.
131 Hanchett, John L., Sioux City.
132 Hanchett, A. P., Council Bluffs.
133 Hislop, Margaret, Washington.
134 Horning, D. W., Minneapolis.
135 Irons, Francena L., Brookfield, N. Y.
136 Jones, Chas. E., Albany.
137 Jenkins, Ralph, Washington.
138 Johnson, F. C., Bradford, Pa.
139 Krause, Jas., Malden, Mass.
140 Keegan, W. A., Rochester.
141 Keeney, J. H., Oswego.
142 Korndoerfer, A., Philadelphia.
143 Kirkland, E. K., Bellows Falls, Vt.
144 Keeler, E. Elmer, Syracuse.
145 Krogstad, Henry, Washington.
146 Kingsman, Richard, Washington.
... Kahlker, Chas. E., Chicago.
147 King, Wm. R., Washington.
148 Kinyon, C. B., Rock Island, Ill.
149 Kraft, Frank, Cleveland.
150 Lambden, Frank W., Chicago.
151 Lenfestey, J. A., Mt. Clemens, Mich.
152 Lewis, F. D., Buffalo.
153 Lee, John M., Rochester.
154 Lunger, J. S., Prospect, O.
155 Lehman, F. F., Sandusky.
156 Leland, A. G., Whitewater, Wis.
157 Linnell, E. H., Norwich, Conn.
158 Le Seur, J. W., Batavia, N. Y.
... Lewis, F. Park, Buffalo.
159 Laidlaw, Geo. F., New York.
160 Marcy, Wm. H., Buffalo.
161 Martin, T. J., Buffalo.
162 Mosher, C. L., Buffalo.
163 Munson, M. L., Atlantic City.
164 Miller, John, Buffalo.
165 McDonald, Thos. L., Washington.

166 Miner, H. S., Ft. Dodge, Iowa.
167 Mueller, Gustave A., Pittsburgh.
168 Mickle, J. B., Cambridge Springs, Pa.
169 McKinstry, F. P., Washington.
170 Munsey, Chas. Leslie, Baltimore.
171 MacLachlan, D. A., Detroit.
172 McCauley, J. C., Rochester, Pa.
173 Moon, S. B., Beaver Falls, Pa.
174 Means, J. W., Troy, O.
175 Mohr, Chas., Philadelphia.
176 Mowry, H. P., Bronson, Mich.
177 Morrison, F. A., Rock Creek, O.
178 Morrill, E. C., Norwalk, O.
179 Mills, Wesley J., Howell, Mich.
180 McElwee, L. C., St. Louis.
181 Maycock, B. J., Buffalo.
182 Miller, C. C., Detroit.
183 Menninger, Chas. F., Topeka.
184 Norton, Arthur B., New York.
185 Nichols, G. L., Stafford Springs, Conn.
186 Neumeister, A., Kansas City.
187 O'Connor, J. T., New York.
188 Orleman, E. Louise, Detroit.
189 Ogden, E. G., New York.
190 Ormes, F. D., Jamestown.
191 Powell, W. P., Bryn Mawr, Pa.
192 Probert, C. G., Cleveland.
193 Pursell, Jas. P., Easton, Pa.
194 Pettit, Isabella N., New York.
195 Paine, N. E., West Newton, Mass.
196 Pomeroy, H., Cleveland.
197 Parker, F. D., Akron, N. Y.
198 Pearson, Mary M., Boston.
199 Pratt, Trimble, Media.
200 Pierson, H. W., Chicago.
201 Price, E. C., Baltimore.
202 Peck, Geo. B., Providence.
203 Porter, E. H., New York.
204 Perrine, J. K. M., Pittsburgh.
205 Quay, G. H., Cleveland.
206 Richardson, Frank C., Boston.
207 Ricker, Myrcena S., Rochester.
208 Roberts, Grace, Washington.
209 Richards, R. M., Detroit.
210 Roberts, G. W., New York.
211 Robertson, H. M., Detroit.
212 Rand, J. P., Worcester, Mass.
213 Rieger, Joseph, Dunkirk, N. Y.
214 Rice, A. B., Jamestown, N. Y.
215 Rice, Geo. B., Boston.
216 Runnells, O. S., Indianapolis.
217 Roberts, D. J., New Rochelle, N. Y.
218 Richardson, O. K., Minneapolis.
219 Rogers, Rebecca W., Indianapolis.
220 Skinner, S. W., Le Roy, N. Y.
221 Sherwood, B. W., Syracuse.
222 Simmons, C. W., Philadelphia.
223 Stettler, Cornelia S., Chicago.
224 Stevens, R. H., Detroit.
225 Sigrist, P. H., New Philadelphia.
226 Schneider, A. B., Cleveland.
227 Sinclair, M. C., Grand Rapids.
228 Sherman, Lewis, Milwaukee.
229 Sanders, J. K., Cleveland.
230 Sawyer, C. E., Marion, O.
231 Sumner, C. R., Rochester.
232 Swan, Chas. J., Chicago.
233 Spencer, W. F., Geneseo, Ill.
234 Shears, Geo. F., Chicago.
235 Schneck, H. D., Brooklyn.
236 Sherwood, H. A., Warren, O.
237 Snyder, E. E., Binghamton.
238 Sterns, Geo. R., Buffalo.
239 Schuman, C., Delhi, N. Y.
240 Summer, C. O., Norwood, N. Y.
241 Salisbury, S. S., Los Angeles.
242 Shannon, Samuel F., Denver.
243 Shaw, John J., Plymouth, Mass.
244 Spalding, Julia H., Cortland, N. Y.
245 Shearer, Thos. L., Baltimore.
246 Soule, Isaac C., Freeport, Ill.
247 Sutherland, John Preston, Boston.
248 Sterling, C. F., Detroit.
249 Slaught, J. E., Warsaw, N. Y.
250 Stearns, Solomon S., Washington.
251 Swormstedt, Lyman B., Washington.
252 Stumpf, David B., Buffalo.
253 Seward, J. Perry, New York.
254 Shelton, Geo. G., New York.
255 Smythe, S. S., Denver.
256 Shepard, Jessie, Buffalo.
257 Stafford, W. W., Chicago.
258 Thompson, J. J., Chicago.
259 Townsend, Irving, New York.
260 Thompson, J. H., Pittsburgh.
261 Turner, M. W., Brookline, Mass.
262 Talbot, Geo. H., Newtonville, Mass.
263 Vandenburg, W. H., New York.
264 Van Norman, E. V., San Diego.
265 Van Scoyoc, L. G., Kansas City.
266 Van Baun, W. W., Philadelphia.
267 Van Lennep, W. B., Philadelphia.
268 Vilas, C. H., Chicago.
269 Walker, James, Denver.
270 White, A. Grace, Bradford, Pa.
271 Wood, Jas. C., Cleveland.
272 Worthen, L. J., Paola, Kan.
273 Wolcott, Ed. H., Rochester.
274 Weaver, Stanley C., Philadelphia.
275 Wise, J. C., Kansas City.
276 Whitmarsh, H. A., Providence.
277 Williams, Nancy T., Augusta, Me.
278 Winchell, W. B., Brooklyn.
279 White, R. T., Allegheny, Pa.
280 Wanstall, Albert, Baltimore.
281 Williams, F., Canton, N. Y.
282 Woodruff, W. L., Phoenix, Arizona.
283 Wilson, Harold, Detroit.
284 Wilcox, DeWitt G., Buffalo.
285 Walton, Chas. E., Cincinnati.
286 Wage, J. F., Buffalo.
287 Young, W. D., Buffalo.
288 Yoder, Daniel, Catasauqua, Pa.
289 Youngman, M. D., Atlantic City.
290 Zwetach, J. D., Gowanda, N. Y.

KONNETIKUT KODAKINGS,

Dr. C. N. Payne, of Bridgeport, has moved into a new office on State street.

The name of Dr. Paul U. Sunderland, of Danbury, was submitted at Washington recently as examining surgeon for candidates for pensions in his city.

Dr. Chas. K. Rowell and his wife, of Stamford, were recently thrown from their carriage. The doctor escaped without much damage, but his wife was quite seriously injured.

A petition has been presented to the State Legislature asking that a second insane asylum be organized. The homeopaths of the state are on the alert to capture it as soon as it becomes an established fact. The movement is in charge of Dr. Chas. K. Rowell, who, beside being a homeopathic physician, is a member of the state legislature, and chairman of the Committee on Humane Institutions. It

is very doubtful if a favorable answer is returned to the petition, as the cry in the legislature is "Retrenchment," and anything involving the outlay of fifty cents or upward is liable to be tabled.

The adjutant-general of Connecticut detailed Brigadier-General Albert W. Phillips of Derby to attend the convention of the Association of Military Surgeons of the United States at Columbus, O., May 25, 26, 27. Dr. Phillips is the Surgeon-General of the C. N. G., and is also the retiring president of the Connecticut Homeopathic Medical Society.

Dr. Clifford W. Porter, of Hartford, died May 6th at Tryon, N. C., of consumption. He was advised to leave for a more congenial climate last summer, but did not do so until last January, when he went to El Paso, Texas. The change was made too late. He was not benefited, and was on his way back to Hartford when his death occurred. Dr. Porter graduated from the New York Homeopathic Medical College in 1892.

In 1893 Connecticut passed a Medical Practice Act requiring the registration of a reputable diploma or examination by a committee of one of the three state medical societies. This law did not suffice to keep out of the state many physicians who could not pass the standards of other states, and was defective in other ways, notably in that it permitted the practice of medicine by any resident who advertised a proprietary remedy sold under a United States trade mark. Accordingly the examining boards of the three state societies met together and framed a new law. This required an examination of all candidates for licese to practice, but did not remove many minor objections to the old bill, as it was thought that the temper of the legislature would not accept too radical a measure. The proposed bill was opposed by many of the eclectics and also by Dr. Chas. K. Rowell, who thought it did not go far enough. The committee on legislation, therefore, reported it unfavorably. Dr. Rowell at once set to work and framed a much more stringent bill, and has asked the support of his fellow physicians. The homeopaths, however, are holding aloof, preferring to support the committee in its suggestions. The success of Dr. Rowell's measure is very doubtful. The committee on legislation will, however, probably recommend the passage of a single clause addition to the Act of 1893 requiring the examination in every case, and limiting the liberty of those advertising remedies sold under United States trade marks to using only that remedy and for its advertised curative powers only.

WASHINGTON WHISPERINGS.

Dr. H. H. Hawxhurst has been quite ill for several weeks from otitis media. He is now convalescent.

Dr. J. B. G. Custis, Washington, is summering with his family in Canada. He will be absent until September.

Dr. Day, of Martinsburg, Va., has successfully passed the Medical Board examination, and will soon locate in Washington.

Dr. Edgar Janney, Washington, is still in poor health and is outing on the coast of Maine, where he will remain until late next month.

Dr. C. E. Walton, of Cincinnati, while returning home from a trip to New York, stopped over in Washington on May 6th, and was the guest of Dr. J. B. G. Custis.

Dr. T. L. Macdonald, Washington, is summering at Nantucket, Massachusetts. Dr. F. A. Gardner is also at Nantucket, with his family. Dr. Macdonald is alone.

Dr. Edgar Janney has again been a victim of his old enemy, rheumatism, and was compelled to seek a change and rest at Atlantic City. He has returned very much improved.

Dr. Richard Kingsman, Washington, is summering at Asbury Park, but will visit Eagle's Mere, a mountain resort on the Alleghenies before returning to work the first of next month.

Dr. J. M. Lee, of Rochester, on his return home from a visit to Richmond, Va., the early part of May, stopped over in Washington for a few hours. He was warmly greeted by those who met him.

Drs. J. B. G. Custis, T. L. Macdonald, W. R. King, L. B. Swormstedt, Z. B. Babbitt and Ralph Jenkins attended the commencement exercises and banquet of the Hahnemann College at Philadelphia, May 12th.

Drs. W. R. King and R. Kingsman were elected by the District of Columbia Medical Society at its May meeting delegates to the "Interstate Committee" of the American Institute meeting, to be held at Buffalo.

Mr. J. Lewis Crozer, the millionaire manufacturer, of Chester, Pa., has left a bequest to the Homeopathic Hospital in that city variously estimated at from $250,000 to $500,000. The will has not yet been made public, so the exact amount is not known, but it is understood that it is sufficient to build for Chester a splendid homeopathic hospital.

The Training School for Nurses connected with the National Homeopathic Hospital held its commencement exercises on May 26th. There were eight graduates, as follows: Misses Rae Tompkins, Marie S. Nesseth, Lena J. Will, Bertha C. Carr, Augusta Nichols, Sara E. Smith, C. L. Heft, and Lilla Mason.

A special committee of the United States Senate has been in session for some time looking after the mode and manner of running hospitals, dispensaries and other charitable institutions in Washington. The heads of these institutions have been summoned to appear before this committee and make reports upon the conduct and management of their respective institutions; they were required to show the number of patients treated, the cost of maintenance, source of income, and answer many other questions pertaining to the operating of such institutions. The outcome of this investigation will be to determine the necessity for such charities; how many of the inmates of these institutions are worthy; what percentage of them belong to the District as actual residents, and what number are strangers temporarily living in the District, and whether it is the duty of the United States Government or the District of Columbia to furnish aid to these charities. It has been and is now the custom for Congress to annually make an appropriation to aid each one of the hospitals, dispensaries and other charitable institutions located here. It is probable that one of the results of this investigation will be to compel the District of Columbia to bear all the expense of these appropriations. At the present time the heads of these institutions are not responsible to any one in accounting for the moneys received from the government, but it is the opinion of many that there should be some one designated to have a general supervision over all such institutions to whom monthly reports should be made, and who in turn should be held responsible for the proper conduct of the same.

Medical Century.

A Monthly Journal of Homeopathic Medicine and Surgery.

CHARLES E. FISHER, M. D., ... Editor

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AUGUST, 1897.

Editorial.

BUFFALO'S SUCCESSFUL MEETING.

The Buffalo meeting of the American Institute of Homeopathy was one of the most successful of recent years. In every essential particular it excelled. It was viewed by the Medical Century as an observer rather than as an active participant. The relationship was a new one but in every sense a most enjoyable one; perhaps the very novelty of the situation rendered it the more enjoyable; but the verdict was so unanimous that the meeting was a successful and really delightful one that it is not believed our view of it was warped in the least by the novelty.

Buffalo's local committee exercised admirable judgment in selecting a quiet and delightful place of meeting. They also exercised admirable judgment in so arranging the entertainments provided that there was but little conflict between these and the important sessions. If it so happened that we were caught on outings upon one or two occasions when we should have been in the sessions the fault was our own and not that of those whose guests we were. The Falls, Niagara River, the Lexington Heights Hospital, the State Hospital, the great power house, Buffalo's beautiful parks and boulevards afforded unusual opportunities for enjoyment during the meeting, all of them being availed of. The weather bureau was as good to us as it was possible for it to be for nearly the entire time of the protracted session, the season being unusually delightful for convention purposes.

The Chief Executive.

The chief executive of the Institute, Dr. J. B. Gregg Custis, made a most excellent presiding officer. He was prompt in all his decisions, uniformly fair in his rulings, courteous to every member applying for recognition, just to the various sections as the time came for them to hold their sessions, and no president in recent years has had the business of the Institute better in hand. Dr. Custis had made a study of the work to be done; he was familiar by virtue of direct contact throughout the year with his important committees of the work they had been accomplishing and with the reports and suggestions they were to present, consequently was always ready for every important action and thus saved a great deal of time and possible confusion. The Institute made no mistake when it chose him president; he made no mistakes while occupying the chair. The alliance was in every sense a happy one.

The Scientific Sessions.

From the scientific viewpoint there has not been a better meeting in the history of the oldest regular attendant. The sectional plan of work has been before us long enough for us to have become familiar with its operations, with the result that the sectional chairmen, almost without exception, had their duties well before them and guided the sectional programs to successful finishes without the hitches or confusions noticeable in former meetings. In only one or two instances was there a conflict of sessions; these should never be, under any circumstances. At Buffalo there was less of conflict than at Denver, Newport or Detroit. Let us fondly entertain the hope that at Omaha there will be absolutely none. Better give up the sectional plan altogether than to have any two important or allied sectional meetings in progress at the same moment.

Were there any sectional meetings more important and enjoyable than the rest? Yes, several; those in Clinical Medicine, Surgery, Gynecology, Pedology, Obstetrics, Ophthalmology—in fact every sectional session on the entire list was more enjoyable than any other. It was good to have been able to attend them all.

The general commitees all had their work well in hand. The Committee on Pharmacopeia reported its labors finished, after a number of years of arduous attention to the exceedingly difficult task assigned them. As editor in chief and general director of the work Dr. J. Wilkinson Clapp was exceedingly happy at the relief following the publication of the Institute Pharmacopeia.

The Hahnemann Monument

The Monument Committee was represented by Dr. McClelland, who has, in the very nature of things, been forced to become almost the whole thing for a year or more. Dr. Talbot is in bad health abroad. Dr. H. M. Smith is in California seeking to regain his strength and vigor after spending much of it in the interests of the monument for a number of years; Dr. Verdi has removed to Italy in impaired health; Dr. Custis had his hands full of Institute matters generally; Dr. Mitchell seconded Dr. McClelland as best he could. But the Monument Committee this year was from Pittsburg, and it devoted its energies and abilities to the task be-

fore it with its usual assiduity. The results were excellent, as elaborated in its report appearing elsewhere in this issue. Especially happy was Dr. McClelland upon two points—the splendid report of the Rush Monument Committee to the allopathic profession upon the Hahnemann Monument, and the munificence and commendable liberality of that splendid woman, Dr. Nancy Williams, of Augusta, Maine, in contributing the magnificent sum of one thousand dollars, in addition to the five hundred and ten dollars she had already given to the monument fund. We were told that the architect, sculptor, quarryman and committee had all gone on with their work during the dull financial season just as if the money had been pouring in upon them, having the fullest faith in the integrity of the profession and its desire and ability to carry out the work of building and paying for this splendid testimonial to the genius of Hahnemann; and in voicing the confidence that there shall be no lagging in the duty the Institute and the general profession owes in this particular Dr. McClelland's utterances found ready lodgment in the hearts of everyone who heard them. Signs of general prosperity have already appeared above the horizon, and as the hopes of the American people are realized the homeopathic profession will as surely promptly complete that memorial and pay for it to the uttermost farthing as they have thus far endorsed the undertaking.

The Interstate Committee.

The Interstate Committee, presided over by Dr. A. B. Norton, New York, held several important meetings, some of which were largely attended by delegates from various associations, the entire territory of the United States, from Massachusetts to California, being represented. The subjects of licensure, larger attendance upon the Institute, life insurance matters, reciprocity among states having similar medical laws, and other kindred topics were discussed and left open for further consideration at future meetings. It is expected that this committee will eventually be able to cement the various state societies together as a solid phalanx of homeopathic associations working toward a common end, one of the chief thoughts being to bring them all in closer touch with the national body. In union there is strength; the largest possible degree of interstate fellowship and national unity is contemplated by the committee, for the good of the homeopathic body politic of the entire country. It is believed as time goes on the labors of this new committee will be productive of excellent fruitage.

Materia Medica Conference.

The Materia Medica Conference discussed the questions named in Dr. Dewey's brief report of its work in another column, the discussions taking a wide range. The chairman, Dr. Allen, was unavoidably detained by illness in his immediate family, the sessions being presided over by Dr. Dudley. It was noticeable that while the feeling was general that every possible safeguard should be thrown around the homeopathic materia medica to insure reliability of provings and accurate and intelligible records of the pathogenetic effects of drugs the sentiment prevailed that condensation and reliability are not synonymous terms, and that a degree of elimination which contemplates the rejection of those finer shadings which are often the determining factors in the differentiation between drugs is not to be considered as scientific or in any sense desirable. The conference will be continued in other years, the subject for consideration at the Omaha convention being "The Preparation of Works on Materia Medica Best Adapted for Study."

The Social Features.

Not the least interesting and enjoyable features of the session were the social pleasures. Dr. and Mrs. F. Park Lewis entertained the ophthalmological society and its guests in a delightful entertainment at their charming home on Wednesday evening; Dr. and Mrs. A. R. Wright tendered a reception to the Institute at their residence on Thursday evening, at which they were assisted in receiving by Dr. and Mrs. Custis. Dr. J. T. Cook gave a reception to the officers and members of the Institute on Monday, while Mrs. Cook tendered a reception to the ladies of the Institute at 11 a. m. Saturday. Dr. and Mrs. DeWitt G. Wilcox gave a delightful tally-ho and boat ride party, with luncheon at one of the elegant club houses down the river, on Monday afternoon, to a select party of friends, while numerous similar parties were given by others. The Meissen enjoyed a splendid reception at the Iroquois Hotel with Mrs. Truman J. Martin as hostess. Mrs. Hussey entertained a party on Dr. Hussey's yacht, the Nerena, the Homeopathic Hospital Association also entertaining the members at the Oakland Club, where an elaborate supper was served. Besides these there were numerous other receptions and entertainments, the whole going to make up a list which has never been equaled and which went far toward making the Buffalo meeting especially enjoyable. The chief thought throughout the year had been to bring the members together in ties of friendship as well as those of professional relationship; to this end the meeting was a pronounced success. May we have many more just like it.

Election of Officers.

The election of officers passed off quietly. No breach of the Institute's decorum was observed. The circumstances combined to make Dr. Wright's election certain. He had been a faithful worker for many, many years; had occupied various posts of honor in the councils, always acquitting himself with credit and giving satisfaction to the Institute; had been vice president and should have been promoted to the highest office long ago; the meeting was held in his bailiwick, with a large local attendance of men and women who knew him but to love him; it required no special political acuteness to justify the prediction that the Institute did not contain a member who could defeat him. The honor

went to a man who had earned it, who deserved it, who will fill it with credit and satisfaction.

It would be a mistake to say his friends did not work for the man of their choice. For a full year the mails have carried messages all over the country setting forth the reasons why this seemed to be Dr. Wright's year. The loyalty and devotion of his friends has excited admiration. We have no sympathy with that namby-pamby sentiment which deplores an honest and open canvass in behalf of a friend whose candidacy may be desirable, while, perhaps, at the very minute "the politics of the Institute" are being portrayed as a mighty disgrace these namby-pambyists are pursuing a still-hunt in the interests of some friend of theirs. Dr. Wright's friends wrote letters and they had a right to write them; Dr. Bailey's friends did likewise, and they had a right to do likewise. Dr. Wright's friends proclaimed his candidacy in open medical convention and endorsed it; Dr. Bailey's friends did likewise. Dr. Wright's friends were active about the hotel and meeting-place; Dr. Bailey's friends were likewise active. Dr. Wright was successful this year because he deserved to be and Dr. Bailey will be successful another time because he deserves to be. Dr. Wright represents a large and densely populated homeopathic section of the east; Dr. Bailey is the foremost representative of a wide section of western country which in the near future will demand and deserve recognition. Dr. Bailey is good presidential timber and will keep. He lost nothing by not being chosen this year. His graceful retirement and well chosen words when Dr. Wright's election was apparent made him hosts of friends, and if his immediate supporters will not sacrifice him upon the altar of a too-early candidacy he will be chosen at some future time by as generous a vote as was accorded his successful competitor this year.

We hail the chief; may his administration be among the most successful the Institute has ever enjoyed. We bid good cheer to the unsuccessful candidate. He is a young man of irreproachable character, of unquestionable integrity, of marked ability. In due season he will make for the American Institute of Homeopathy one of the most popular and successful presidents it has ever chosen to guide its destinies.

The election of Dr. Green as first vice president was practically unanimous, a deserved compliment to a most deserving member. It has always been the rule for the Institute to distribute its honors with special reference to suitability of candidate and territory represented. In going to the great southwest for its second officer it has chosen well. Few men in the profession have worked their way to the foremost ranks under greater difficulties than those which have surrounded our Arkansas colleague. His record is one of honor to himself and great credit to homeopathy. He has virtually carried a state on his shoulders for these many years. As a surgeon he has no superior; as a man he is self-reliant, always honest, aggressive to the last degree yet just to every man with whom he is thrown in contact. His homeopathic colleagues point to him as their representative with just pride, while his old school neighbors respect him for what he has done for humanity, and, we may add by way of parenthesis, for what he has done to them in times gone by. In his election honor came to whom it was due.

The second vice-presidency went a-begging. Dr. Richard Allen of Philadelphia was the only candidate voted for on Monday and with his friends and supporters considers himself elected. But a new slate was made up for Tuesday and Dr. Gatchell was declared chosen. Under the ambiguous by-law governing the election of vice-presidents Dr. Custis' ruling cannot be called in question. But the by-law should have been changed ere this. It will be changed at the next meeting that confusion may be avoided in the future.

The rest of the officers, Secretaries Porter and Kraft, Treasurers Kellogg and Smith and Registrar Aldrich, were re-elected, as they deserved to be.

Selection of Place of Meeting.

The most fun came in over the selection of a place of meeting. Atlantic City had a full delegation present with regular headquarters at the Genesee House. We use the word "full" advisedly, though, of course, perfectly legitimately. They worked in season, and some of us thought out of season, for their city and polled a good vote. Walton, the at times dignified but at more times jolly, and relaxed genial Walton, the able vice-president and coming president, the E Pluribus Unum, ubiquitous, effervescing Charles E., of Cincinnati and Pulte Medical College, wanted the Institute to meet in one of his town's suburbs and named Lookout Mountain. He proposed taking the members nearer heaven than many of them have ever been before and than the large majority of them will ever be again if our Kneippists do not look out. He entertained the convention most humorously for five minutes and for just that length of time Lookout Mountain claimed the pole. But after Walton came Cowperthwaite. He is always at home in a church. Walton never goes to church. The meeting was being held in a church. The advantage was unfair. Cowperthwaite had the versatile Cincinnatian at a disadvantage and he rubbed it in. He opened with tears in his voice; he closed with them in everybody's eyes. The audience quickly became sympathetic as he portrayed the medical benightedness of far-away Zululand and Nebraska—synonymous terms with the goldbugs. They thought they were in a prayer meeting and that Cowperthwaite was delivering the mid-week lecture. He let them think so. In fact, he almost thought so himself. He worked them up. He touched their hearts. He knows how to do it. He told of the struggling pioneers on the mighty western plains; he told of the boundless prairies of the trans-Mississippi; he pictured the azure skies and the canopied heavens, and

told of the Indians and buffaloes until we could fairly hear the red-skins' war-whoops and feel the tremble of the earth under the stampede of the American bison; he told of the things the Institute ought to know and left untold those things which might have awakened doubts about the wisdom of the selection of Omaha. He had been well coached for the occasion by the Hanchetts and knew something about the country himself. His earnestness, his honesty of expression—not put on for this special occasion, either—his quiet pleading, his tearful voice and moistened eye did the business—and next year we meet at Omaha.

The selection is a good one. There is a large and rapidly increasing homeopathic population out west that must be brought into the fold. The west is a better field for the Institute than the east. We say this advisedly. Denver gave us a larger meeting than Newport, Detroit or Buffalo. Omaha will give us a larger meeting still; and those of us who believe there is yet mission work for the Institute to perform are strong in the belief that a meeting at Omaha will be of incalculable advantage to the pioneer army of homeopaths already located and who are locating in the valley of the Father of Waters.

The Alumni Associations.

The colleges had a great time at Buffalo. That is, New York Homeopathic and Hahnemann of Philadelphia did. Other colleges had quiet little times of their own, but the two named had their colors spread and their alumni put in their respective nights in a manner duly becoming loyal sons of great institutions. Perhaps!

New York took the parlors of the Iroquois, spread her luncheon, passed her punch, and under the chairmanship of President Custis—who is this year president also of the New York alumni association—uttered her toasts, applauded the responses thereto and generaly enjoyed herself, as did her numerous guests, in most delightful fashion. It was good to have been there. But as after Walton came Cowperthwaite so after New York came Philadelphia. Philadelphia is reputed to be slow. It is a mistake. Philadelphia is not slow. No one who put in that memorable Saturday night at her Kneippe will longer contend that she is slow. On the contrary, she will bear watching. There are other midways. If Omaha gives us a typical "Alkali Ike" festival she will find some excuse in Philadelphia's Kneippe. From the moment that Anheuser Gale of Vermont sledged the head of the barrel with his rail-maul until the wee sma' hours of Sunday morn the boys were boys again. Gray hair turned black; wrinkled foreheads smoothed their furrows for the occasion; dignified seniors who hadn't smiled since the meeting opened forgot their dignity and shouted with merriment; the great dining-rooms resounded with college songs and garbled symphonies as the merrymakers tried to accompany the orchestra. The "hot time in the old town to-night" had got there. If it was very good to have been at New York the night before it was doubly enjoyable to have been at that quiet little Quaker gathering the next night. If Custis and Norton and Porter and Roberts and Townsend and Shelton and the rest had furnished fun for New York what may be termed the nature of the evening given by Smedley, Gale, Van Baun, King, and their lieutenants on that never-to-be-forgotten Saturday night? Quakerdom was aroused and on fire. And so were some of the guests before the curtain was rung down.

Nothing but an Alkali Ike festival will do at Omaha. The west has a reputation to preserve. It will take the men with their boots and spurs from the plains; the gold diggers of Cripple Creek and the Klondike; the scout and the frontier doctor with his saddle bags; the mountaineer and the cowboy who know each other but to shoot each other; the Mexican mescal and the fermented juice of the mustang grape to begin to make even with that Kneippe. 'Tis well the old man's dead! He would have stood on his head in wet grass next morning.

By Way of Parenthesis.

Scientifically it was a great meeting. Pedology took up the rheumatic diathesis in children and gave it the most thorough discussion. Clinical medicine dealt only with typhoid fever and an excellent series of papers were offered. Some of them were long enough to make a book and tedious enough to put a body to sleep. Others were brilliant with excellent points and were boiled down until only the meat was given. The discussions revealed that there are still some homeopaths in the Institute and that quasi homeopathic and eclectic treatments have but a secondary place, if any place at all, in the treatment of typhoid. The gynecological section held two splendid sessions and its papers were of high order. Prof. Ludlam pronounced that of Prof. Wood on the relative merits of the remedy and the knife in the treatment of cancer the best he had ever listened to in all the years he had been attending the Institute. Van Lennep's paper on Appendicitis in the surgical section, most ably presided over by Dr. Macdonald, was accorded the first place as a scientific and literary production. It was an ideal paper from every point of view and deserves careful study when the Transactions appear. Likewise Dr. Green's paper on Vaginal Hysterectomy and Macdonald's review of the surgical progress of the year.

That Buffalo was benefited by the meeting there can be little doubt. Homeopathy is surprisingly weak numerically in that splendid city. There are less than forty homeopaths in Buffalo, but one public hospital and it poorly supported, Dr. Wilcox's private surgical hospital, a feeble local society, and small representation in municipal medical affairs. The meeting has stirred the forces and they will give a better report as the years roll by. Another case of every man look out for himself, it

seems to be, and is said to be by some of the representative homeopaths. Rochester, close at hand, is much more prosperous, homeopathically; likewise other New York cities. There is need for active, concentrated, association work in Buffalo, and it is hoped the meeting of the Institute will have the effect to arouse our colleagues in that beautiful and prosperous city to united and continued efforts for the up-building of all the interests of the profession.

Fifty Years a Member.

The unusual distinction of having been for fifty years a member of the American Institute of Homeopathy belongs to Dr. Hiram A. Chase, of Cambridgeport, Massachusetts, who joined in 1847, the Buffalo meeting being his semi-centennial session. The occasion was duly celebrated by Dr. Chase and his immediate friends in the Senate of Seniors, of which he has been for twenty-five years a member, if, indeed, the Senate has been in existence that long, one of the pleasantest incidents of the session being the presentation to Dr. Chase by the Senate of a gold-headed cane in commemoration of his long years of membership. Fifty years is a long time to belong to any society; and if we of the present time could but understand what those pioneers had to endure who made the American Institute of Homeopathy and the profession of the United States what they are we would be amazed that any one had the courage to unite with the Institute thus early in its history and remain loyal and faithful for a full half century.

Dr. Chase is much more regular in attendance upon the meetings than many of the younger men. Though far advanced in years he preserves his vigor and elasticity as but few of the advanced seniors, and bids fair to be able to attend a great many meetings in the future. He took the long journey to Denver, and will be found in his place at Omaha if in his present health. He is beloved and welcomed of the entire membership as are but few of his colleagues, the loveliness of his character, the gentleness of his demeanor, and the universality of his friendship for the whole membership making him at once a man to be respected, admired and loved. There is not a man or woman in the Institute who does not join with us in the hope that the youthful vigor which characterizes him to-day may remain with Dr. Chase for many years to come, and that from year to year for a long period of time he may be able to attend the annual gatherings he so greatly enjoys. Both the Senate of Seniors and the Institute membership in general would be vastly improved if they were made up exclusively of men of the type of this hero of fifty years of Institute service.

A Noble Example.

In the class with Dr. Chase, though a good number of years his junior in age and membership, may be placed Dr. Nancy Williams, of Augusta, Maine. This noble woman, modest, retiring, faithful in attendance, always willing to work in whatever field she may be called, loyal to her profession and the memory of the genius who gave it to her and us, she has done more than any other ten members together toward the erection of the monument being built to the memory of Hahnemann. At Newport she showed her devotion to his memory by subscribing in modest manner the handsome sum of five hundred dollars, dividing the amount into several sums, each given in commemoration of some noble man who has passed over the river or to represent some interest not in itself represented in the fund; and this year she as modestly added the splendid sum of one thousand dollars to her former subscriptions, making the total subscribed to this time the munificent sum of fifteen hundred dollars. In thus contributing so liberally to this most worthy object Dr. Williams feels that she is but giving faint testimony to the genius of the man through whose instrumentality humanity has derived such wonderful benefits, and through whom she, individually, has gained a profession and been enabled to became an instrument for good unto her people. She voices her gratitude in that substantial manner that will enable the committee to go on with their work when many are lagging and careless in this important matter. Without meaning to do so she has put the men of the profession, especially the wealthy members of the Institute and those outside of it, to shame, and has set us an example which if followed as it should be and as it is hoped it will be will soon complete our testimonial to our illustrious founder. Her extremely liberal donations have not been given for the glory to be derived therefrom. They have been given out of gratitude and admiration for one of the greatest geniuses the world has ever known. Now let those who are as able as she is to give liberally follow her most noble example and the monument will soon be finished. Would that there were a thousand Nancy Williamses in the Institute. Would that some of our barons were possessed of her liberality and goodness of heart.

Officers, Sectional Chairmen and Committees.

Herewith is given a complete list of the officers-elect, the sectional chairmen, and the chairmen and memberships of the more important committees for next year:

President—Dr. A. R. Wright, Buffalo.

First vice president—Dr. W. E. Green, Little Rock.

Second vice president—Dr. Charles Gatchell, Chicago.

General secretary—Dr. E. H. Porter, New York.

Recording secretary—Dr. Frank Kraft, Cleveland.

Treasurer—Dr. E. M. Kellogg, New York.

Assistant treasurer—Dr. T. Franklin Smith, New York.

Registrar—Dr. H. C. Aldrich, Minneapolis.

Member Board of Censors—Dr. Millie J. Chapman, Pittsburg.

Publication Committee—Drs. T. Y. Kinne, J. T. O'Connor and Sidney F. Wilcox.

Memorial Committee—Drs. O. S. Runnels, B. W. James, C. R. Rumsey, W. C. Dake and S. P. Hedges.

Transportation Committee—Drs. A. C. Cowperthwaite, W. H. Hanchett, J. M. Walker, Richard Kingsman and C. S. Garrison.

Organization, Registration and Statistics—Drs. T. Franklin Smith, H. C. Aldrich, W. T. Talbot, S. F. Shannon and L. C. McElwee.

Medical Legislation (reappointed)—Dr. I. T. Talbot.

Medical Literature—Drs. Ch. Gatchell, Henry Chandlee, J. P. Sutherland, E. S. Bailey and H. R. Arndt.

International Bureau of Homeopathy—Drs. J. B. Gregg Custis, George B. Peck and others to be appointed.

Drug Provings—Dr. Charles Mohr.

Life Insurance—Drs. D. A. Strickler, Richard Allen, J. W. Belden, B. W. James, and E. H. Jewett.

Materia Medica Conference—Drs. C. Wesselhoeft, H. H. Baxter, C. B. Gilbert, T. W. Howard, and one to be appointed.

Press Committee—Drs. W. R. King, D. A. Foote, J. T. Cook, Allison Clokey and one to be appointed.

Chairman Local Committee of Arrangements—Dr. O. S. Wood.

Inter-Collegiate Committee—Dr. I. T. Talbot.

Interstate Committee—Dr. A. B. Norton.

Committee on Resolutions—Dr. N. B. Delamater, Millie J. Chapman, J. S. Mitchell, T. Y. Kinne, and B. F. Bailey.

Necrologist—Dr. Henry M. Smith.

Chairman of Sections—Materia Medica, Dr. Eldridge C. Price; Clinical Medicine, Dr. W. W. Van Baun; Obstetrics, Dr. L. L. Danforth; Gynecology, Dr. Sheldon Leavitt; Pedology, Dr. J. P. Cobb; Sanitary Science and Hygiene, Dr. W. H. Hooker; Neurology and Electro-Therapeutics, Dr. W. H. King.

AN AUTHORITATIVE PHARMACOPEIA.

Among the most important of the accomplishments of the American Institute of Homeopathy in recent years is the issuance of the splendid volume recently placed before the profession under the title of the "Pharmacopeia of the American Institute of Homeopathy." Up to this time we have not had a really authoritative work on the nature and preparation of our medicines. The British Homeopathic Pharmacopeia has served an excellent purpose, but in the very nature of things has not filled the necessities of the pharmacist and physician of this country. There have also been one or two very useful individual pharmacopeias issued in times gone by by reliable pharmaceutical firms, the chief of which has been Boericke & Tafel's.

Now, however, we have a new and complete pharmacopeia having the stamp of scientific authority, freed from all commercial associations, and the direct result of the most thorough and painstaking effort of a competent committee of physicians and pharmacists laboring under the direction of the American Institute, the highest organized homeopathic authority in the world. Years have been spent in its preparation. Every point necessitating consideration has been carefully weighed by the entire committee, as possible, no single matter of more than passing importance having been determined without a practically unanimous action. It is doubtful if there be another book in the homeopathic library which has been through the crucial tests which have been followed in the building of this particular book. Its history is replete with interesting incidents, some of which are mentioned in the introductory chapters, others of which are familiar only to those who have built the book and to the Institute officers from year to year as the work has progressed.

The book is a handsome volume of nearly seven hundred pages. It was first agitated in the sixties, and about ten years ago steps were taken to realize the hope that we might some day have an authoritative work on pharmacy. From that time till now there have been but brief intervals of time when labor upon it has not been in progress. Realizing the desirability, we may say the necessity, of the most thorough knowledge upon the part of the homeopathic doctor of his armamentarium, the committee has begun at the beginning and has taught us every essential point about the nature, habitat, and manufacture of our tinctures, as also the correct method of preparing our dilutions and triturations. The greatest point of variance between this and other pharmacopeias is that it simplifies and unifies the standards of the original substances used. For instance, Aconite has usually been made from the fresh juice of the Aconite plant. In this book the plan is to make the original tincture from the dried plant, in order to secure the elimination, in so far as is possible, of all moisture and other extraneous substances. It is only the Aconite that is desired, and the wisdom of securing it free from all other matter appeals forcefully to our intelligence. It may be that the Aconite which Hahnemann proved was not all Aconite; likewise with Belladonna and Nux and other polychrests. But this should not deter us from being more accurate and specific. In many of the mother tinctures we have been in the habit of purchasing from various pharmacies there have been found considerable quantities of woody fibre, resinous matter, etc., which do not properly belong there. And in making the dilutions from these it has often been impossible to secure an elegant and reliable dilution. The new pharmacopeia undertakes to correct this evil and give us only the actual medicinal substance of the plant or substance employed. If in so doing noth-

ing is lost of the medicinal virtues of the substance employed the method cannot fail to be a great improvement upon former methods; and it would seem that it ought to secure a degree of reliability and uniformity which will at once place the pharmacy of the homeopathic profession upon a scientific basis.

Only the finished pharmaceutist is fully competent to pass critically upon the value of many of the details of the work as laid down in the new volume. But when it is borne in mind that it has been performed under the auspices of the American Institute of Homeopathy by a committee composed of Drs. Wesselhoeft, Clapp, Sherman, Smith, Cowperthwaite, Boericke, Arndt, Gross, Leal, Colby, Kinne and Worthington, representing both the physicians and pharmacists of the Institute, it may safely be accepted by the profession as in every way worthy of their confidence and deserving of their patronage.

We cannot but feel that the profession is to be congratulated beyond measure that it at last has a volume, free from all commercial associations, upon which it may depend absolutely for the information in relation to the manufacture and preparing of the crude drugs and attenuations employed in homeopathic practice. It should at once find a place in every homeopathic library, and be constantly referred to by every homeopathic physician who would know what he is using in the treatment of the sick. Otis Clapp & Son, Boston, have issued the book for the Institute; Gross & Delbridge, Chicago, are the western selling agents.

THE MILITARY SCHOOL FOR BOYS.

It is with approval that we note the steady growth in popularity of the military academy. If there be anything in which the American youth needs instruction and training it is in the line of physical development. Every superstructure of educational acquirement should be built upon the strong foundation of a sturdy physique. The man with a strong mind borne upon a dwarfed or feeble frame is always an object for commiseration. In European countries, especially in Germany and England, the development of a sturdy physical frame is accounted of first importance.

Careful inspection of our schools will reveal unto even a casual observer that our boys and girls are not, as a rule, as vigorous as they should be. We have too many high-strung, nervous, intense young people, with tendency to headache and other nervous manifestations of one kind and another, too many early breakdowns, too many who hardly start upon the business of life until they are nervous and physical wrecks. The fault lies in our failure to look well to the physical development of our youths. We have trusted too much to the ordinary out-door sports, to the stimulation of our splendid climate, and to the natural nervous energy of our people, with the result that the oncoming generations are hardly as rugged and resisting as our fathers. The delicate, sickly-looking, dwarfed boy and girl are all too common among us. The broad-shouldered, full-chested, sturdy boy and girl are all too scarce.

Indulgence in the out-door sports, as base-ball, foot-ball, skating, rowing, tennis, golf and the like are doing a great deal for our youths. The wheel, too, is revolutionizing the physical lives of our young people and is likely to prove of untold benefit if judiciously indulged. Every sport that can be brought into use that will keep the boys and girls in the fresh air and physically active should be encouraged if we would make the coming American man and woman a man and woman of the highest type of physical development.

For boys we are especially pleased with the military school. For three years we have had occasion to note the effect of this kind of training and exercise upon a large class of boys, from twelve to twenty years of age, and are favorably impressed with their advantages. The regularity of hours, methodical indulgence in set exercises, necessity for obedience to every command, effect of the "setting-up" exercises, manual of arms and marching upon the carriage and physique of the lads in attendance, the healthfulness of the rivalry between companies, squads and individuals in relation to military bearing and points, to say nothing of the side sports and exercises which are a part of the physical training of the military academy, all have the effect to make stronger men of the boys and to develop those physical habits which cannot but prove useful throughout all after life. Every military academy worthy the name has a good gymnasium connected with it, a point of no little importance; they all have regularity of exercises which are as much a part of the curriculum as the book-lessons assigned the students; the fare is usually selected more for the necessities of the physical system than for the indulgence of the appetite; the regularity of hours for going to bed and rising, for eating, for study, for play, for gymnasium duties, for drilling, for marching, all go toward developing methodicity of habit that cannot but operate to the betterment of the boy, mentally and physically.

We like the military academy for growing boys. Personal observation and experience justify the sentiment. Not only have we been satisfied with the progress our youth has made at his academy but we have taken occasion to confer with many physicians whose sons and patrons' sons have attended similar schools and in no instance have we found dissatisfaction expressed. Numerous visits to the school our own son has been attending, with an eye always open to the situations presenting, have satisfied us that this type of school is worth patronizing, and that if the military features could but be woven into our public school system the greatest possible degree of benefit would eventually accrue to the American people.

It is not only necessary for our boys and girls to

acquire learning. They must, to be successful men and women, and the progenitors of a race worthy of perpetuation, become strong men and women as they grow to manhood's years. And just here the military academy is serving a most excellent purpose.

NEW YORK NEWS-NOTES.

Dr. W. F. Honan is at Narragansett Pier for the summer.

Dr. Walter Gray Crump has located at 693 Madison avenue.

Dr. H. S. Neilson has moved from 257 East 48th to 46 West 48th street.

Dr. Alonzo Boothby came over from Boston for a few days' visit recently.

Dr. T. J. Tiffany, of Afton, N. Y., spent several June days in New York.

Dr. Chas. E. Pease has gone to San Francisco for a stay of two or three months.

Dr. Roland Du Jardin has moved from 825 Park avenue to 129 East 76th street.

Dr. L. K. Maxwell, of Toledo, Ohio, visited New York in the latter part of June.

Dr. A. L. Geddes, of Glen Ridge, New Jersey, paid a visit to this city last month.

Dr. L. M. Winn, of Ogdensburg, New York, was in this city for a brief sojourn in July.

Dr. Frank Caulkins Bunn, Orange, New Jersey, is spending his vacation at Mount Vernon.

Dr. J. Henry Chandler, of Cornwall-on-Hudson, New York, was here for a few days recently.

Dr. H. O. Sommer is in this city taking post-graduate work at the Metropolitan Hospital.

Dr. E. D. Rudderow has moved from the corner of 63d and Avenue A to 233 West 83d street.

Dr. B. L. Van Buren has removed from Chatham, New York, to 51 Eldert street, Brooklyn.

Dr. T. F. Allen, now at 10 East 36th street, will move about September 1st to 3 East 49th street.

Dr. H. J. Pierron, of Brooklyn, has sailed for Europe. Dr. Pierron was accompanied by his wife.

Dr. A. G. Peckham, of Waterford, New York, paid a visit to this city recently on professional business.

Dr. E. A. Hults, of Perth Amboy, New Jersey, was in New York July 22d and 23d, on business bent.

Drs. C. H. Helfrich and G. A. Shepard are in Europe attending Prof. Schwartze's clinic at Halle, Germany.

The Bovinine Company announces a change of location for its office and laboratory to 75 West Houston street.

Dr. C. S. Hoag, of Bridgeport, Connecticut, was in New York in June, bound for Europe the latter part of that month.

Dr. St. Clair Smith sailed for Europe the last of July to spend a couple of months abroad, the guest of an appreciative patient.

Dr. G. W. McDowell, of 136 West 130th street, is spending July and August in London and Vienna Hospitals studying diseases of the ear.

Dr. S. S. Salisbury, of Los Angeles, California, came on to New York during his Eastern trip to the American Institute of Homeopathy.

Dr. G. W. Roberts has been appointed Demonstrator of Operative Surgery in the New York Medical College and Hospital for the ensuing year.

Dr. H. E. Houghton, of this city, left town early last month for his summer's outing. Dr. Houghton will not return to the city before the middle of September.

The A. L. Hummel Advertising Agency, a firm who count many friends among homeopathic journals, have just moved into new quarters at No. 100 William street.

Dr. O. A. Palmer, of Warren, Ohio, whose papers on "Country Surgery" have given pleasure to the readers of the Medical Century, was in this city a few weeks since.

Dr. Benjamin Reis, of Chicago, spent several days in New York the first of July. Dr. Reis was out on his summer vacation and did not return to Chicago until late in July.

Dr. O. K. Richardson, of Minneapolis, was in this city in July, being one of the numerous Western contingent who went back west from Buffalo by way of New York.

Dr. T. F. Allen started on a western trip recently. Dr. Allen will go first to California and subsequently visit one of the Pacific coast islands, whose flora he will make a subject of study.

Mr. E. R. Runyon, of Boericke, Runyon & Ernesty, attended the American Institute at Buffalo in the interests of his house. He has only recently returned to this city, having made a trip through western New York after the closing of the Institute.

Dr. Walter Sands Mills has returned from Texas and has opened an office at 152 West 119th street. Dr. Mills has been made an auxiliary on the medical board of the Metropolitan Hospital on Blackwell's Island and also an honorary member of the Connecticut State Society.

The New York World, which is so philanthropically medical as to give a column of prescriptions to inquiring readers daily, has instituted and is fostering a viciously bad precedent. The stock prescriptions of the "World's doctors" are enough to shock even a patent-medicine man.

Manhattan State Hospital for the Insane on Ward's Island, formerly the homeopathic hospital, suffered damages of $100,000 by fire recently. The patients were all removed without loss of life or injury, owing to an excellent system of drill and management during emergencies.

Dr. F. E. Doughty, mention of whose illness and improvement was made in the last issue of the Medical Century, has entirely recovered and will resume his practice and clinics in the fall, fully restored to health and vigor. Dr. Doughty is at present absent from the city on his summer outing.

Dr. B. G. Carleton, of 75 West 50th street, has announced that from July 12th to September 1st he will be in town only on August 3d, 4th, 5th, and 6th. Dr. Klots will be in attendance during his absence. After October 1st, 1897, Dr. Carleton will devote himself exclusively to genito-urinary diseases.

The laborer is worthy of his hire; hereafter physicians and midwives are to be paid twenty-five cents —any legal tender—for reporting births in this state. Clergymen and magistrates are to receive like compensation for reporting marriages. The local boards of health will be the disbursers of public wealth to this extent.

There have been some recent changes on the house staff of the Brooklyn Homeopathic Hospital. Dr. H. C. Allen who was formerly ambulance surgeon is now on as house surgeon in conjunction with Dr. G. L. Van Deursen. Dr. W. E. Butler has been appointed ambulance surgeon vice Dr. Allen. Dr. Lloyd continues as house physician with Dr. Jno.

Goddard, Jr., as his assistant. The Brooklyn Hospital did some extensive charity work during the hospital year just closing. There were 23,688 days of free treatment and 30,322 free prescriptions.

During the last days of May and the early days of June the number of small-pox cases reported to the Bureau of Contagious Diseases was considerably in advance of the usual showing. Most of the cases reported were in East Harlem. One of these was treated by the attending physician as chicken-pox and now that the Board of Health is after him that doctor wishes he had died when he was a baby.

Satisfaction is being very generally expressed in this city over the announcement of the reduction in price of the Homeopathic Text-Book of Surgery. Numbers who have wanted the book have been obliged in these hard times to defer buying or to select a cheaper volume. Now that the price has been put within easy reach of all from the Medical Century Co.'s business headquarters comes report of many recent sales.

The exodus of New Yorkers to Brooklyn the past winter and spring has been a testimonial to the "hardness" of the times. Many families have taken their goods and chattels to the cheaper city as a place of residence. Certain of the doctors are complaining bitterly that some of their best patrons are now across the Bridge. It is quite true that in some instances a curtailment of practice has ensued as a result of the Brooklyn hegira.

At the organization of the Belleville, New Jersey, board of health in May, Dr. E. O. Cyphers was chosen chairman. Dr. Cyphers, who is a homeopath, was also appointed with Dr. Skinner as an emergency committee to deal with urgent cases. During the month reported upon at this particular meeting of the board thirty-six cases of contagious diseases occurred, twelve of these being scarlet fever, with two fatalities up to date of the meeting.

Dr. Pratt's class at Munsey's Sanitarium, Munsey's Island, closed its session Saturday, July 17th. There were eighty-three physicians registered, at least sixty of whom were in daily attendance. Dr. Pratt operated four times daily and, as when Saturday came he had not finished the cases on hand, he remained over for three days of the week following. A number availed themselves of the opportunity to prolong the course and staid on until Dr. Pratt left.

The Bureau of Contagious Diseases is in trouble. About the middle of May Inspector J. W. Galivan, one of the special vaccinators appointed to check the threatening spread of small-pox, vaccinated a thirteen-months old child on West Fortieth street. A week later the child showed symptoms of virus poison. Blue spots developed on the face and body, the vaccinated arm became so stiff it could not be bent, and the child died within twelve hours in convulsions. The people most interested, the family of the child, have had an unusually disastrous experience with the vaccinators. A brother was vaccinated some time ago and went down with small-pox four weeks later. The coroner's office is at work on the case.

The work of the Medical School of Instructors is indicative of some good results in the way of shutting out pupils affected with contagious diseases. The statistics for one week, for instance, show that of 2,078 males and females examined in the primary department of the grammar schools 116 were excluded, or something over five per cent. In the primary schools the exclusion amounted to about eight per cent for the same week, and in the parochial schools to about nine per cent. Out of ten cases of diphtheria reported to the health board six are found to be true cases. There were thirty-six eye diseases, one hundred and thirty-six parasitic diseases of the body, one scarlet fever, one croup, two whooping-cough, six chicken-pox, and eleven skin diseases, making a total of two hundred and thirty-one excluded from the schools.

The "Union Dinner" of all the medical clubs in New York and vicinity was held at the Montauk Club, Brooklyn, on May 27th. It was a success in every sense of the word, a pleasant and cool evening, good dinner, good wine, good speeches and good fellowship. Every club was represented with the exception of the New York Medical and Jahr Clubs. It was unanimously voted to hold a dinner at the same place next year and the association was made permanent. The following responded for the several clubs: Unanimous Club, Dr. J. L. Keep; New Jersey Medical Club, Dr. Church; New Jersey Chiron Club, Dr. W. S. Baker; New York Chiron Club, Dr. J. W. Dowling; Clinical Club, Dr. E. G. Ogden; Machaon Club, Dr. L. J. Hoffman; Meissen Club, Dr. Geo. W. Roberts; Dunham Club, Dr. E. D. Ruddeson; Communipaw Club, Dr. E. H. Porter; Brooklyn Medical Club, Dr. W. S. Searle. Remarks were also made by Dr. C. W. Butler, of Montclair, and Dr. A. B. Norton, of New York.

GENERAL NEWS-NOTES AND ITEMS.

Dr. L. E. Beers has moved to Morgan Park, Ill.

Dr. Mary Fyfe has located in Montreal, with an office on Park avenue.

Monongahela City, Pa., is said to be in need of a homeopathic physician.

Dr. and Mrs. E. H. Porter, New York, are summering in Upper New York.

Dr. Laura Miller, of Montreal, is enjoying a vacation on the Eastern seashore.

Dr. Hall, Delaware, Ohio, has been ill for several months, but is now convalescing.

Dr. Lizzie Gray Gutherz, St. Louis, is visiting for the summer at Batavia, New York.

Dr. W. R. King, of Washington, D. C., with his family, is summering at Atlantic City.

Dr. Alice M. Tracy, formerly at Urbana, Ohio, has removed to Painesville, same state.

Dr. M. J. Putts, Southern Homeopathic College, '97, has located at Cumberland, Maryland.

Dr. E. C. Cowles, Cleveland University of Medicine, '97, is at his home in Hartford, Conn.

Dr. and Mrs. W. A. Dewey are spending the summer at their farm, Middlebury, Vermont.

Dr. Lyman E. Baker, Cleveland, '95, has located at Mechanicsburg, Champaign County, Ohio.

Dr. A. H. Tevis, who recently located at Victor, Colorado, is spending his vacation in Denver.

Dr. Ella M. Lane, C. U. M. S., '97, has taken up residence at the Franklin Hotel, Lorain, Ohio.

Dr. J. B. Foss, Crete, Nebraska, has been spending a part of his vacation in Chicago and vicinity.

Dr. Julia Holmes Smith, Chicago, has resigned from the faculty of the National Medical College.

Dr. George J. Roberts has located at Janesville, Ohio. Dr. Roberts is a C. U. M. S. graduate of '97.

The homeopathic department of the University of Minnesota graduated eleven candidates on June 3d.

Dr. F. H. Anthony, Wapakoneta, Ohio, is outfitting his office with a static electric and X ray outfit.

Dr. H. M. Patton and family, Montreal, are spending the summer season at Little Metis, Quebec.

Dr. H. V. Hallman, Hot Springs, Arkansas, has been appointed a member of the county examining board.

St. Paris, Ohio, is accounted a good field for a prospecting homeopath. There is none there at present.

Dr. Maurice P. Hunt, of Columbus, Ohio, has moved his office from the Ruggery to 200 East State street.

Dr. Ida Putnam, of Chicago, has changed her residence from 185 South Oakley street to 2137 Wilcox avenue.

Dr. Emmet L. Smith and wife are mourning the sudden death of Mrs. Smith's father, Mr. Quimby, from heart disease.

Dr. C. M. Steele, late from the University of Michigan, Homeopathic Department, has located at Fennville, Michigan.

A first-class homeopathic physician can be fitted to a good location by writing to Dr. A. S. Rosanberger, Covington, Ohio.

Dr. J. F. Beaumont, Chicago, has accepted the professorship of ophthalmology and otology in Dunham Medical College.

A choice lot of American Institute specials are unavoidably crowded out of the current number of this journal in the make-up.

Dr. R. B. Leach, of arsenization fame, has removed from Paris, Texas, to Minneapolis, with an office in the Masonic Temple.

Denver sent Drs. Smythe, Anderson, Walker, Shannon and Strickler to the American Institute meeting. A big five was that.

Dr. F. H. Gardner, of Washington, D. C., left that city July 13 for Nantucket, where he will spend the remainder of the summer.

Dr. T. P. Wilson has returned to Cleveland, Ohio, from Detroit, Michigan. Dr. Wilson's Cleveland address is 15 Archwood avenue.

Dr. J. M. Wine, of Dayton, Ohio, has moved from 1933 East Fifth street to northwest corner of Fifth and Henry streets, that city.

Dr. A. Stanley Dolan, of the Southern California Homeopathic Insane Hospital, visited Chicago on his way East the first of the month.

Dr. S. R. Geiser, Cincinnati, is now at Zurich, Switzerland. An interesting London letter appears elsewhere in this journal from his pen.

Dr. C. A. Sheets, formerly at St. Mary's, Ohio, after a couple of years of study and review abroad and in the East has located at Toledo, Ohio.

Dr. and Mrs. R. S. Copeland, Ann Arbor, are sojourning for a time at Ludington, Epworth Heights, Michigan, for a few weeks' rest and diversion.

Dr. E. L. Herrick, of Hebron, Illinois, visited friends in Chicago for a few days recently, renewing numerous medical acquaintances the while.

There are rumors in the air of numerous changes and disagreements in the faculty and board of directors of the National Medical College, Chicago.

Dr. T. C. Duncan, Chicago, has been somewhat the worse for having met with a street-car collision in June. He has been on crutches for several weeks.

Dr. E. R. Freeman, Wapakoneta, Ohio, has just recovered from a serious illness of sixty days' duration, and is again at work among his large clientele.

Dr. Emmet L. Smith, Chicago, Surgeon and Captain of the Burns Cadets, recently engaged with his corps for a camping expedition at Goshen, Indiana.

The Minnesota legislature appropriated the sum of $115,000 for a new building for the Fergus Falls (homeopathic) insane hospital at its recent sitting.

Dr. R. E. Wolcott, Pulte, '97, has located at 226 East Long street, Columbus, Ohio. Dr. Wolcott was a student under Dr. J. C. Fahnestock's preceptorship.

Dr. W. Cameron, Glenwood Springs, Colorado, formerly of Denver, has recently re-married his former wife, from whom he had been separated for thirty years.

Dr. H. P. Holmes, late of Omaha, was married in Fremont, Nebraska, on June 17th, to Miss Lulu A. Mooney and has located in Oregon, Illinois, formerly his home.

The Dunham Medical College, Chicago, was refused recognition by the Inter-Collegiate Committee of the American Institute of Homeopathy at Buffalo in June.

Prof. Theodore J. Gramm has resigned the professorship of Obstetrics in Hahnemann College, Philadelphia, and has been succeeded by Prof. Edward W. Mercer.

Dr. J. W. Means, Troy, Ohio, attended the Buffalo meeting of the Institute and will be in Chicago upon attendance upon the meeting of the Orificialists in September.

Dr. J. W. Dill has removed from Kirksville, Mo., to Osceola, Iowa. He reports Kirksville a good place for an enterprising homeopath, with the woods full of osteopaths.

An endowment fund has been started for the Montreal Homeopathic Hospital. The friends of this hospital are ever on the alert for its improvement and welfare.

Dr. Arthur D. Patton has been elected to the attending staff of the Montreal Homeopathic Hospital in place of Dr. John Wanless, who has removed to Toronto.

It was exceedingly pleasant to see the members of the old and new colleges at Cleveland, now merged into one, fraternizing in the most cordial manner at Buffalo.

The Massachusetts Homeopathic Hospital is building a four story Nurses' Home to cost $80,000. The money was furnished by a bequest of the late Anne White Vose, of Boston.

The officers and faculty of the Denver Homeopathic College are making strenuous efforts toward having their new college quarters and their new hospital ready for occupancy this fall.

Dr. J. C. Fahnestock and wife attended the Buffalo meeting of the Institute and subsequently visited some of the Eastern cities where the doctor took observations in surgery and gynecology.

The Sawyer Sanitarium, Marion, Ohio, is reported to be enjoying an excellent patronage. The Medical Century's special correspondent found it full of patients upon the occasion of a recent visit.

Dr. Dillingham, of New York, was elected president of the International Hahnemannian Association at the Niagara Falls meeting. The place of next meeting was left to the executive committee.

Dr. George R. Southwick, Boston, is abroad for the summer in obstetrical and gynecological studies and review. He will contribute the results of his observations to the pages of the Medical Century.

The current number of the Medical Century has been somewhat delayed so that the editor and office corps might enjoy a period of rest during the hottest weather of the summer. The September number will be issued on time.

Dr. Julia Holmes Smith pronounces the Medical Century her most helpful visitor and expresses satisfaction that it is issued monthly, saying "Its readers need a month in which to digest the load of good things it brings them."

Dr. Scott Parsons, Jr., who is contributing the excellent collection of Surgical Snap-Shots to the Medical Century, has removed his office and residence to 3100 Washington avenue, St. Louis, with hours 8 to 10 and 5 to 7.

Dr. W. B. Hinsdale, dean of the Homeopathic Department at Ann Arbor, visited Chicago the last of July, presumably in the interests of the college. He reports the prospects for the immediate future better than for three years past.

The Medical Counsellor, Detroit, is proving to be one of the most practical and newsy of all our exchanges. The July number contains a most excellent report of the meeting of the American Institute, one of the very best yet issued.

The Massachusetts Homeopathic Hospital has purchased Dr. N. W. Emerson's private surgical hospital. Dr. Emerson, whose exclusive specialty is surgery, has removed to The Cluney, Copely Square, Boston, with hours from 2 to 4.

The annual catalogue of Hahnemann Medical College, Chicago, is said to be before the profession. No copy of the same has been received, hence it is not possible to mention the advantages therein set forth, as would otherwise be our pleasure.

The Southern Journal of Homeopathy for June was devoted wholly to the recent successful meeting of the Maryland State Homeopathic Society. The Journal is doing a full share toward the developing of homeopathic interests in its section.

The annual catalogue of the Chicago Homeopathic Medical College has been issued. It presents the advantages of this college in the usual good form. The term will open on September 14, commencement exercises occurring March 22d.

Dr. F. C. Freeman, of Franklin, Indiana, has been appointed local medical examiner for the Indiana Life Insurance Co., of Indianapolis. Dr. Freeman reports that this company is liberal and progressive and is giving our school fair recognition.

The International Hahnemannian Association and the Hahnemannian Advocate have disagreed. At the Niagara meeting the name of the editor was dropped from the membership rolls and it was decided to no longer publish the proceedings in the Advocate.

Dr. J. A. Macdonald, formerly of Elkhorn, Wisconsin, has recently returned from the Pacific Coast and is temporarily at Lansing, Michigan. He desires to succeed to an established medical and surgical practice in a city of twenty-five thousand, or thereabouts.

The Medical Century notes with regret the death of Dr. Harvey Dale, Sr., of Oshkosh, Wisconsin. Dr. Dale was one of the most successful and best known physicians of Wisconsin. He was the father of Dr. Harvey Dale, associate editor of the Minneapolis Medical Magazine.

Indulgence in field sports for the summer as a means of regaining his health and strength is having its effect upon the editor of the Century. He knocked down the prize of the club belt in the monthly handicap competitive Golf match of the Riverside Golf Club on the 24th ultimo.

The board of managers of the Collins' Farm Homeopathic Insane Hospital have found it necessary to remove the recently elected superintendent, Dr. George Allen, for reasons satisfactory to themselves, and have elected Dr. Arthur, late assistant physician at the Middletown asylum, in his stead.

Dr. Wilson A. Smith, formerly editor of the Medical Current and later associate editor of this journal, has been fruit farming at South Haven, Michigan, during the summer and will shortly return to Chicago to engage in general practice. His summer's farming has fully restored him to his usual good health.

The marriage of Miss Elizabeth Woodward Orme and Mr. Francis Cochran Block occurred on June 16th at St. Luke's Church, Atlanta, Georgia. The bride is the daughter of Dr. and Mrs. F. H. Orme, whose hosts of friends in the profession will rejoice with them that this happiness has come unto her and them.

Dr. Alex. R. Griffith, of Montreal, attended the meeting of the American Institute of Homeopathy as the accredited delegate of the Montreal Homeopathic Medical Society. Dr. Griffith is quite regular in attendance and is, therefore, deserving of recognition upon some of the sectional or committee work of the Institute.

The Vermont Homeopathic Medical Association, which held its annual meeting early in June, elected the following officers for the ensuing year: President, Dr. A. F. Moore, North Shrewsbury; vice president, Dr. M. D. Smith, Bristol; treasurer, Dr. H. S. Boardman, Montpelier; secretary, Dr. George I. Forbes, Burlington.

At the annual meeting of the New Hampshire Homeopathic Medical Society held in June the following officers were elected for the ensuing year: President, Dr. A. J. Todd, of Manchester; vice president, Dr. Rebecca W. Wiley, of Laconia; secretary, Dr. J. A. Wrisley, of Laconia; treasurer, Dr. C. E. Dodge, of Manchester.

Mr. Edward Tatge, secretary of the P. H. Mallen Homeopathic Pharmacy Company, was married at Trinity Church, this city, to Miss Clara Lesman on June 23d. Mr. and Mrs. Tatge reside at No. 6623 Union avenue, Chicago. The congratulations of the Medical Century and the friends of the Mallen Pharmacy are showered upon the young couple.

Dr. D. W. Horning, Minneapolis, to whom the Medical Century is indebted for the list of members in attendance upon the Buffalo meeting of the Institute, has removed from 606 Nicollet avenue to 604 Dayton Building, that city. In the absence of Dr. Aldrich, registrar of the Institute, Dr. Horning performed the arduous duties of that office, hence his ability to furnish this journal with a complete list of those in attendance.

Dr. O. S. Runnels, Indianapolis, has been appointed Surgeon-General of the State Troops, with the rank of Colonel, by Gov. Mount. Colonel Runnels visited Chicago with the Governor and his Staff on Logan Day and "looked every inch a soldier" in his uniform. Dr. W. F. Gott, of Crawfordsville, has been appointed assistant Surgeon General of the Indiana troops, and thus homeopathy has been doubly honored by Indiana's new governor.

The headquarters of the Southern Homeopathic Medical Association, to meet at Nashville October 19th, 20th and 21st, will be at the Tulane House. The rates are from $1 upward for rooms without meals, for which the regular price is fifty cents. The European plan is also in vogue. Physicians contemplating attendance should notify the hotel management a week ahead of the time of meeting, as Nashville is likely to be crowded during the last weeks of her splendid exposition. The Hahnemann Club, of which Dr. B. H. Enloe is secretary, constitutes the local committee of arrangements and will cheerfully answer inquiries from members or proposed visitors.

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Surgery.

SURGICAL SUGGESTIONS AND SAYINGS.

BY T. L. MACDONALD, M. D., WASHINGTON, D. C.

Foreign Body in Thorax—A Marvelous Case —Wilson.

Dr. Wilson, of Plymouth, Indiana, recounts a remarkable case to the Ft. Wayne Medical Journal: In 1866 a man was struck upon the chest by a piece of chain hurled with great force. On examination a large ragged opening was found through the chest wall at the first intercostal space above the right nipple, supposedly made by a broken link, through which air passed, in both directions, during the act of respiration. After four months of great suffering and danger the man recovered sufficiently to be about, and lived thirty years, or until Feb. 8, 1897. Cough, shortness of breath and pain through lungs had been constant symptoms, and at intervals of years he had had acute attacks of inflammation followed by lung abscesses and hemorrhages, the last attack resulting in death from hemoptysis. At the autopsy, on removing the sternum, including the costal cartilages, everything was found to be adhered together and both lungs firmly fixed to the chest walls at all points, and to the diaphragm which was also firmly adhered to the liver, this latter organ being much enlarged. With much difficulty the lungs were detached and on reaching a point on the posterior wall of the chest, directly opposite to the place of entrance and two inches to the right of the spinal column, three trace chain links were found imbedded in a mass of hard cicatricial tissue that almost resisted the knife. The length of a link measured one and one-fourth inches. The course taken by the links, known by a line of cicatricial tissue through the lungs, was upward and backward to the chest wall, and then downward by the force of gravity to the final location. The lower lobe of the left lung was the only portion resembling lung tissue, owing to the disorganized condition of both lungs in various stages of disintegration from hard cicatricial tissue, lung abscesses and hepatization of right, and a congestion of the upper lobe of the left lung.

Compound Fractures.—Brandt.

In order to learn more of the treatment of compound fractures, I formulated two questions and submitted them to three men of national reputation.

1. Does not the wiring of the fragments to obtain coaptation and fixation give the best results in cases of compound fracture of the leg?

In answer to this question Dr. Robert F. Weir writes:

"It does not; wiring is exceptional."

Dr. William T. Helmuth answers: "If you can properly coaptate the fragments of bone, wiring is not necessary in recent cases of compound fracture. If the bones can not be set, wiring may be resorted to."

Dr. J. William White answers that he only wires in cases of compound fracture under very exceptional conditions, and adds: "I regard the wiring of joints, for purposes of fixation, as in the majority of cases a very unsatisfactory procedure."

2. If in a case of compound fracture of the leg suppuration begins before the tenth day, or before the exudation of callus, is not an amputation the usual result?

Dr. Weir answers: "No; attempts to save the limb are generally successful."

Dr. Helmuth answers: "Even when suppuration begins before the tenth day I have seen perfect union result; the provisional callus takes longer to surround the bone, but amputation is by no means in my hands the usual result."

Dr. White answers: "Suppuration does not preclude the possibility of bony union, but it of course renders it much more improbable. I have seen good union occur in the presence of considerable suppuration from the surrounding structures."

The result of this correspondence is that all agree that wiring the bone is the exception rather than the rule; that it is indicated in those cases only where the fragments can not be set; that suppuration does not preclude the possibility of bony union, although it renders it more improbable, and that it does not usually result in the loss of the leg.—New York Medical Journal.

Ovarian Surgery in Osteomalacia.—Ludlam.

The study of the nature and treatment of rhachitis from so many clinical points of view tempts me to offer the following notes as my contribution thereto:

It does not appear to most of the members of this Society, perhaps, that the general subject is in any way related to surgical gynecology. But, if rickets is the primitive or infantile form of the complaint, and the acquired form of osteomalacia occurs in the adult; if Oppenheimer is right when he claims that 91 per cent. of cases of mollitis ossium are found in women, and 70 per cent. in pregnant women, there is a chance for clinical inference. And if the medical treatment of the two forms of this disease is the same, as we find it stated by some of the best authorities, why should not ovarian surgery be brought to the rescue of a share of the cases occurring at and after puberty? Especially should the relation between the advent of this disease and the gravid state be borne in mind as suggesting that radical relief may possibly come at the hand of the gynecologist.

About ten years ago Fehling, of Bale, called our attention to the relation between pregnancy and osteomalacia. He believed that the ovaries have a special nerve center, which acts through the vaso-

motor tract, on the process of assimilation and disassimilation of the skeleton, especially on that of the bony pelvis. However, other surgeons (Spaeth) who left the ovaries and removed the uterus have had cures none the less remarkable. It might be possible that extirpation of the uterus, with preservation of the ovaries, would so modify the circulation in the latter that Fehling's nerve center would no longer act, which would explain the cure of osteomalacia in Spaeth's case. The disease being comparatively frequent in Bale he had an unusual opportunity for the study of its various relations. At first he observed that the proportion of lime and phosphoric acid contained in the urine of these patients was diminished and not increased, as they are usually held to be. Then, having made Porro's operation in the case of a young woman who had been confined to her bed since her last labor five years before, and cured her completely of the osteomalacia, he made note of the fact. He afterward collected twelve cases in which but two cures of this disease had followed the Caesarean section. In forty-four cases in which the Porro operation was made twenty women died from the operation, while in all of the twenty-four who survived it the peculiar bone pains soon left, and in less than three months all traces of the osteomalacia had disappeared. Of the seven Porro cases of Fehling all were entirely cured. Some of them, however, needed a cane in walking, because of a deformity of the lumbar spine. The usual percentage of mortality in osteomalacia is very grave, being from 74 to 84 per cent.

This experience led Fehling to conclude that the essential factor in the cure of this disease after Porro's operation, as distinguished from the failure after a successful Caesarean section, was the removal of the ovaries in the one and not in the other; and so he tried the effect of castration with the best results. —Clinique.

Intubation and Antitoxin.—Halstead.

(1) Laryngeal diphtheria, in any epidemic, is never mild, but has always had a mortality of from ninety to ninety-five per cent., reduced by operation, intubation or tracheotomy, to from seventy-two to seventy-six per cent.

(2) The report of my cases shows a mortality of intubations without serum of seventy-six per cent.; in conjunction with serum of twenty-five per cent.; and, eliminating cases of death within twenty-four hours of injection, a mortality of ten per cent. The reduction of mortality from seventy-six to ten per cent. is to be credited to antitoxine.

(3) Antitoxine should always be administered as early as possible, and in laryngeal cases without waiting for the bacteriologist's report. If this is done it will usually prevent an extension to the larynx, or, if the larynx is already invaded, an early injection will frequently cure without need of operation.

(4) No child should be allowed to die of laryngeal stenosis without an operation, preferably intubation, and serum should be injected at once regardless of the stage of the disease, as most desperate cases often end in recovery.

A Simple and Rapid Method of Gastrostomy.—Hall.

A very short incision is made on the left side, parallel to and about an inch below the free border of the ribs; the stomach is seized and drawn through the incision until it forms a cone from an inch to an inch and a half in height, the base, of course, next the skin. The circumference of the base of this cone is then attached to the abdominal wall by either continuous or interrupted sutures, including, of course, the peritoneum. The cone is then inverted, so that its apex protrudes into the stomach. If the case is urgent, the apex can be pierced at once and a tube introduced surrounded by protective gauze, otherwise the cavity of the inverted cone may be filled with gauze and the opening made later. The whole operation is so simple that it need not occupy more than five or six minutes, and in urgent cases could be done, with the aid of a few minims of cocaine solution, without general anesthesia.

Appendicitis—A Unique and Instructive Case.

The following is a unique and instructive case of appendicitis: A patient complained of pain in the left iliac fossa, in which region a large mass could be felt. A diagnosis of intraligamentous cyst had been made. An opening was made in the cul-de-sac and the cyst tapped, broken open, and its contents evacuated, about a pint and a half of thin, chocolate-colored fluid. The cavity was packed thoroughly with gauze, a small portion being removed each day. The patient had no rise in temperature and no reaction from that operation; on the sixth day but a small portion of the gauze remained in the cavity of the cyst; it was expected to remove this the next day. That night the patient was found in a state of collapse. There were symptoms of intense prostration, clammy skin and profuse perspiration; the pulse could hardly be counted. It looked as if she were going to die; strychnine, nitroglycerin and external heat were applied. The next morning she rallied somewhat, but the cause of the shock could not be determined. She was extremely low, her knees had become drawn up and her abdomen tympanitic, and she had all the symptoms of acute general peritonitis. The surgeon thought he had infected the cyst in some way, and that it had broken into the abdominal cavity. She, however, finally began to improve, her pulse got better, and in four days the pain was located on the right side in the region of the appendix. On the fifth day the surgeon operated again and found a large abscess, and after considerable difficulty removed the appendix. The appendix was of a very dark color, as was also the cecum. He invaginated the stump of the appendix, and used cat-gut in the usual manner. Drainage by means of iodoform gauze rolled in rubber tissue was employed. The temperature went down immediately after the operation from 103 degrees to 99 degrees F. On the third day an enema was given. This was followed by a slight result. The next enema given the day following came through the wound into the bed. This was followed by the contents of the bowels. By almost constant irrigation for several days the fistula healed up entirely, and the patient recovered. The case was interesting because there had been nothing in the symptoms to lead one to believe that there was appendicitis until an abscess had formed. She had absolutely no rise in temperature until the state of collapse occurred.

Rubber Gloves in Surgery.—Von Manteuffel.

Dr. W. Zoege von Manteuffel, of Dorpat, is in favor of the use of rubber gloves in surgical work. The disinfection of the surgeon's hands, he says, is still an unsolved problem. We are not yet in a position to disinfect our hands to such an extent that the disinfection will bear close critical tests under all circumstances; we may secure a relative, but not an absolute, freedom from germs.

In consequence of the very variegated material that he has to deal with in the Dorpat city hospital, and the necessity of operating promiscuously upon uninfected and septic patients, of opening abscesses

and then dressing wounds, Dr. von Manteuffel has come to the practice of protecting his hands against infection by the use of boiled rubber gloves. One can get along well enough without this device if he has a great number of trained assistants; but even after repeated washings—nay, on the following day, too, in the case of an operation on a very septic person—he cannot rid himself of the very uncomfortable feeling that his hands are not quite right.

The author says that he soon came to recognize an additional advantage of the gloves. He does not suffer with furuncles, but one of his assistants had to struggle with operative boils continually, and the gloves were found of great prophylactic value. Finally the usefulness of the boiled gloves was illustrated most strikingly when wounded persons requiring immediate aid were brought in, and five minutes spent in disinfecting the hands means a serious loss of time.

At present he uses the gloves in operations on septic subjects; in operations on clean wounds the treatment of which does not admit of postponement, provided he has had to deal with anything septic; in case he has any wound, furuncle, or the like, on his hand; and in sudden emergencies.

It is somewhat awkward to operate with gloves on. If the gloves fit close, the hand becomes anemic and is soon fatigued. The gloves in the market have another defect; there is no expansion for the ball of the thumb, so that it is difficult to abduct that digit. Moreover, if the fingers are too long, they impede the nimble handling of instruments, especially those having the form of scissors. Even with well-fitting gloves the operation will probably be somewhat prolonged.

It is incumbent to disinfect the hands first, so far as the circumstances of the case may permit of it; so that, in the event of the glove being nicked no wholly undisinfected skin shall be exposed.

Recently he has used the rubber glove, or at least a rubber finger-stall, in examinations per anum, provided no fine detail had to be made out, and it is astonishing, he says, how little it interferes with palpation if it fits snugly. On the whole, he recommends boiled rubber gloves as a very useful article for the operating room. Moreover, he says they are particularly useful in country practice, carried about in a glass receptacle, for disinfection of the hands in a farmhouse is almost always defective.

SURGICAL SNAP-SHOTS.

BY SCOTT PARSONS JR., M. D., ST. LOUIS, MO.

Tuberculosis of the Myocardium.

Tuberculosis of the myocardium is met with principally in youth, seldom in childhood. In the very large majority of cases it is secondary, and follows tuberculosis of the thoracic organs.

Incisions Along Metacarpal Bones.

As the dorsal interosseous arteries, like the palmar, run along the interosseous spaces, incisions to let out pus should always be made along the lines of the matacarpal bones.

Operative Interference in Appendicitis—Sub-Judice.

Dr. William Pepper, Professor of Medicine in the University of Pennsylvania, says, that in appendicitis, in spite of the claims to the contrary, twenty cases to one are cured permanently without operation.

Ascites versus Tumor.

The umbilicus being the remains of an opening into the belly, when stretched by ascites, as the fluid can insinuate itself everywhere, it usually bulges out considerably; but in tumors this cannot be the case.

Pelvic Visceral Congestions.

In pelvic visceral congestions arising from a disturbed circulation the following conditions are particularly to be noted: Congestion of the lungs, of the liver, cerebral hemorrhage, hemorrhoids, hematuria, a return of the menses, profuse perspiration and periodical gallactorrhoea.

Ligature of the Abdominal Aorta.

The most successful case of ligature of the abdominal aorta was performed by Monteiro, at Rio Janeiro, in 1842. He employed the extraperitoneal method, the patient surviving the operation ten days and dying of secondary hemorrhage.

Action of Cocaine Intensified by Warmth.

Da Costa has found that the local anaesthetic effect obtained with cocaine is more rapid, more intense, and more lasting, if the solution is warm. The dangers of intoxication are thus much diminished, as the quantity of cocaine can be very much reduced if it is warmed. A solution at 0.5 or 0.4 per cent., heated, will produce a powerful effect.

Ott's Method of Recto-Vaginal Exploration.

Two years of Ott's method of recto-vaginal exploration have convinced its author of its extreme value and he therefore recommends it again to the profession. The middle finger is inserted into the rectum and the index of the same hand into the vagina. The combination of these fingers with the other hand on the abdomen, enables the parts to be explored with great accuracy.

The Normal Ovary Beyond Reach.

The ovary in its normal state and position cannot be detected by the touch, even with the hand firmly pressed on the hypogastrium. If a movable body be felt through the vaginal roof or one side of the cervix, if this body be exquisitely tender and recede at once from the finger, it is an ovary in a state of prolapse.

Direction of the Anus and That of the Rectum.

The rectum, after following the curve of the sacrum and coccyx, suddenly bends backwards and terminates at the anus. The axis of the anal opening is in the direction of the navel for about an inch, and when the finger, the syringe-nozzle, or other instrument, has been introduced thus far, it may be swept around so as to point to the small of the back and be pushed in as far as necessary.

Contractility of Skin in Amputations.

In planning the flaps for an amputation it is of the first importance that attention be paid to the normal contractility of the component skin and muscles. Speaking in general terms, the average contractility of the skin may be represented by one-third of the length of any given portion; that is to say, if a skin flap is required to be eight centimetres in length in order to cover the bone, its length before its separation should be twelve centimetres.

Bone Transplantation and the X-Ray.

The Northwestern Lancet, St. Paul, is authority for the statement that a case of bone grafting is reported from Buffalo, N. Y., in which a five-inch piece of bone from the femur of a sheep was transplanted into the tibia of a man suffering comminuted fracture. The case is chiefly interesting because of the use of the X-rays during the process of repair, by which it was shown very early that union was taking place between the ends of the transplanted bone and the fragments of the tibia. This case is an experimental one of our own De Witt G. Wilcox.

Pulmonary Surgery.

Dr. A. J. McCosh, Professor of Surgery in the New York Polyclinic, in a review of pulmonary surgery, says: In abscess, gangrene and hydatid cysts, sufficient experience has accumulated to enable us to judge approximately of the risks of operation and of the chances of recovery. The results of operation for pulmonary abscess are certainly full of promise. Thus Fabricant reports 38 cases, with 29 recoveries and 9 deaths. Reclus reports, out of 23 operations which have been performed within the past ten years, 20 cures and 3 deaths.

Treatment of Retro-Deviations of the Uterus.

Dr. A. H. Gollett, New York, condemns the Alexanders, ventro-fixation and vaginal fixation, as these operations leave the uterus in a fixed position when it should be movable. When the uterus is movable, his treatment consists in careful dilatation, curetting, and the insertion of a straight glass drainage tube which serves the purpose of a splint, and keeps the uterus straight. He then tamponades the vagina until the uterus is forced into antiversion. A pessary is subsequently substituted for the tampon. When the patient is permitted to get up the tube is removed, and the uterus supported by means of a pessary until the normal tone of its walls and supports is restored.

Nelaton's Line.

If in the normal state you examine the relations of the great trochanter to the other bone prominences of the pelvis you will find that the top of the trochanter corresponds to a line drawn from the anterior superior spine of the ilium to the most prominent part of the tuberosity of the ischium. This line also runs through the center of the acetabulum. The extent of displacement in dislocation or fracture is marked by the projection of the trochanter behind and above this line. "Nelaton's Line," as it is termed, theoretically holds good. But in stout persons it is not always easy to feel these bony points so as to draw the line with precision. A surgeon must, after all, in many cases trust to his eyes and his flat hands—his best guides. Thus, let the thumbs be placed firmly on the spines of the ilia, while the fingers grasp the trochanters on each side. Having the sound side as a standard of comparison, the hand will easily detect any displacement on the injured side. Hippocrates bids us compare the sound parts with the parts affected and observe the inequalities.

Neurology.

PRACTICAL NEUROLOGICAL NOTES.

BY J. RICHEY HORNER, A. M., M. D., MIDDLETOWN, N. Y.

Capsicum in Hiccough.

Capsicum in hot effusion is claimed to be a specific in hiccough.—Medical Record.

Sepia in Insomnia.

It should not be forgotten that Sepia is one of the remedies, perhaps the remedy, in cases of insomnia at the climacteric.

Homeopathic Remedies and Electricity.

One who knows says that homeopathic remedies act much better with those who are being treated by electricity than when given alone.

The Ulnar Nerve and Spinal Degeneration.—Gowers.

Gowers, apropos of the diseases of the ulnar nerve, says that it may be attacked in all affections of the spinal cord, and that it is the first to become involved in degenerations ascending from the dorsal to the cervical region.

Hellebore in Hydrocephalus.

Don't wait in a case of hydrocephalus for the symptom "throwing the head back" before prescribing Helleborus. A continuous plaintive moan, and convulsive movements of the head, hand or muscles are sufficient indications.

A Point About Nux.—Farrington.

Nux acts best when given early in the evening. According to Hahnemann sensitive persons should not take it fasting, in the morning or on first awaking, because its most powerful symptoms are then called out. Neither should it be taken just before or after a meal or when the mind is on a strain.

Schussler's Remedies and Diseases of the Nervous System.

Did you ever think of this combination? There is a field right here for some good work; there is probably no combination of twelve remedies which offers so much of promise to the neurologist in the management of his cases. They are a host in themselves, and well worth study.

Cannabis Indica in Diseases of the Nervous System.

Mortimer Lawrence, in the Hahnemannian Monthly, gives a concise review of Cannabis in this relation. From his study it would seem as though there is a great field for usefulness open for it. It is an anodyne, anti-spasmodic, hypnotic and narcotic. It may be indicated in epilepsy, catalepsy, acute dementia, in conditions involving anemia of the cortex, in senile trembling and paralysis agitans, in many deliriums, and in convulsions and irritable reflexes generally.

Syphilis and the Etiology of Paresis.

Dana takes an extreme view when he says that paresis cannot exist without a previous history of syphilis. Dr. Williams, in The Journal of Inebriety, is quoted as saying that 75 per cent. of paretics have proof of primarily syphilitic infection. The history is that of a typical man of the world—ambitious, fond of high living and society, a light sleeper, a heavy drinker. The pathology of chronic inebriety, paresis and syphilis is alike; the thickened meningeal membranes and meningeal changes are the same, the history of alcohol exists in all cases, and it is significant of contributing causes not yet studied.

Hyoscyamine in Paralysis Agitans.

In the July Medical Times there is an article on the use of this remedy in cases of paralysis agitans. It is spoken of as hybromide of hyoscyamine; we presume that the hydrobromate is meant. One drop of a solution two grains to the ounce of water is instilled into the eye. In twenty minutes the tremor ceased—in forty-five speech was difficult and the patient was unable to rise from his chair. This partial paralysis disappeared and there was no return of the tremor for several hours.

It is interesting to notice that Dr. Clarence Bartlett, in his treatise on nervous diseases, published in 1894 as a part of Goodno's Practice, has noted this action and comments unfavorably on this use of the drug, objecting to the required dose as being such that patients would not permit it on account of the disagreeable effects. He notes its effect in producing an intensely dry mouth. He says that cures are on record produced by Plumbum, Mercurius, and Tarentula.

Rest in the Treatment of Locomotor Ataxia.

Langdon Carter Gray, of New York, stated that a study of seventy-seven cases recorded in his case-books had led to one conclusion—that in every in-

stance the symptoms had been improved by treatment, and in a few cases the improvement had been startling. In most of them it had been satisfactory. In his opinion, rest was the most important part of the treatment, for every muscular movement involved a strain on the diseased parts. In the severer cases the patient should be in bed for weeks, whereas in the milder ones a few hours a day in bed would be sufficient. The amount of rest required varied greatly with different individuals. Whatever might be the rationale it was certain that anti-syphilitic treatment would often have a most startling effect on the progress of the case.—Universal Medical Journal.

This idea, taken with the homeopathic therapeutics, so ably presented by our Dr. Dewey in the May number of the Medical Century, ought to be of some help to us in efforts to stay the progress of this disease.

Phosphorus in Pseudo-Hypertrophic Paralysis.

Dr. Giles Goldsbrough, in the London Homeopathic Hospital Reports, analyzes the treatment with Phosphorus of several of these cases. In the first case after seven months of treatment he reaches the conclusion "that the disease had not progressed but was not arrested; that normal growth had been proceeding meanwhile, that the boy was generally stronger in consequence, and that he had probably been helped by the administration of the medicine." The remedy was given in the third decimal, ter in die.

In another case, reported by his colleague, Dr. A. C. Clifton, a practical cure was claimed after Phosphorus 3d had been given for twelve months.

Dr. J. Galley Blackley contributes to the study the reports of two cases. The first was so far advanced as to be absolutely hopeless; the second received Phosphorus 3d t. i. d. with massage and galvanism for four months, and was discharged as much improved.

Space forbids a more extended review of this article, which is written with an intelligent understanding of the possibilities of Phosphorus in this disease.

Characteristic Mental Symptoms.

Ignatia.—Extremely conscientious. Grief with external manifestations. Hysteria; laughs; the face is blue; bursts out crying; worse from sympathy; globus hytericus; better after belching of flatus.

Pulsatilla.—Parades her grief; talks and tells everybody about it.

Nux.—Irritable; strikes right back.

Platina.—Mania; proud; full of self-esteem. Violent mania. Lack of chastity. Nymphomania.

Hyoscyamus—Jealous; full of suspicion; fear of poisoning. Lewdness.

Asafetida.—Conditions of the nervous system which are the direct sequels of checking of habitual discharges. Hysterical convulsions.

Valeriana.—Dreads to be alone; restless; globus hystericus.

Moschus.—Faints away; feels as if she would die. Spasms. Hyterical cough from tickling in the trachea.

Anacardium.—Excessive anger. Mental depression in syphilitic patients. Great prostration. Memory feeble or lost; mental work is extremely difficult. Can scarcely comprehend ordinary conversations. Seems to be pursued. Curses and swears. Mental dullness and gloom after sexual indulgence.

Ambra Grisea.—Allen, Farrington.

Allen says, "This substance formerly had considerable reputation as a remedy for various nervous complaints but of late it has been used very little. The provings seem to show that its old reputation was well founded." Some of the symptoms he gives are as follows: "Difficult to understand; vivid fancies which cannot be got rid of; melancholia; especially nervous in the presence of strangers; dread of becoming crazy from headache ("Every other day" —Boenninghausen).

Farrington says that, "Like all substances having a strong odor it acts prominently upon the nervous system. Unless there are nervous symptoms present in a case you can hardly expect it to do good service. It causes spasmodic twitchings here and there over the body. It may be used in sleeplessness arising from worriment of mind, as from business troubles. * * * It is a very quick acting remedy. We may, therefore, give it in nervous diseases where there is a defective reaction. We have already learned of a similar use of Psorinum; under the latter remedy the defective reaction arises from a constitutional taint. But under Ambra Grisea it arises from nervous weakness." Marked numbness of the skin, anywhere over the surface of the body is a pronounced symptom.

Obstetrics.

NEW YORK COUNTY SOCIETY.

JUNE MEETING—DELAYED REPORT.

The Homeopathic Medical Society of the County of New York held its regular monthly meeting in the Chapter Room, Carnegie Hall, on Thursday evening, June 10th, 1897.

The President, Dr. Geo. G. Shelton, occupied the chair. Among the visitors were Dr. D. J. Roberts, of New Rochelle; Dr. Amos J. Givens, of Stamford, Conn.; Dr. M. T. Hopper, of Brooklyn.

The Committee on Obstetrics, Elizabeth Janette, M. D., chairman, presented an interesting paper by Eric Vondergoltz, M. D., entitled

"Obstetrics and Obstetrical Surgery"

Discussion—Dr. B. G. Clark. The essayist has given the result of his experience and study of 565 cases, and seeing that he graduated only ten years ago, I think he must have been kept pretty busy, for he has not only done the work but has kept a tabulated account of all the cases besides. Surely the diligence and care displayed is quite remarkable, and is a characteristic of some of our foreign confreres. Very few Americans have enthusiasm enough to do the work, to say nothing of keeping account of the results. I can not do better than call attention to the surgical position taken, which is fully up to date in all its details. The immediate repair of all lacerations, however slight, whether they be the cervix or perineum, I consider highly important. The teaching of tying a woman's legs together and expecting the laceration to heal has been relegated to the past. On account of the danger of absorption I cannot agree to the idea of waiting. The failure in a primary operation I believe is often due to the poor operation done rather than any other cause.

Of the first importance after cleansing the parts is the kind of suture to be used in the perineum. I believe silk worm gut to be the best for the deep sutures. The next best is silver wire; cat-gut is the best for superficial sutures.

There is one point on which I would differ with

the essayist, and that is in the time to apply the forceps. He says he follows the rule of "waiting until there are signs of exhaustion in either mother or child." I would rather anticipate that condition and apply my forceps before there were signs of exhaustion, if possible.

The rule for the application of forceps which I have seen more often verified, is to apply forceps and deliver whenever there is no retrocession of the presenting part ofter the expulsive pain.

Further discussion was participated in by Drs. F. W. Hamlin, S. F. Wilcox, G. S. Honington, A. W. Palmer, and others.

The Committee on Diseases of the Throat and Chest, John B. Garrison, M. D., chairman, presented a paper descriptive of an interesting case of "Pharyngeal Rheumatism, with Heart Complications," by Wm. S. Pearsall, M. D.

The Committee on Surgery, Sidney F. Wilcox, M. D., chairman, presented a paper by the chairman upon the "Present Surgical Opinion Regarding Malignant Growths." There was no discussion, the ground being fully covered by the paper.

The special committee consisting of Drs. Dillon, Dowling, Pierce, I. Townsend and Wilcox, to investigate the question of reporting tuberculosis to the Health Department, reported through the chairman that as the Department has so far put the matter in the form of a request, there was no occasion for the society to take any action.

Practice of Medicine.

PRACTICAL GLEANINGS FROM THE GERMAN JOURNALS.

Gastro-Entritis.

Dr. Francois Cartier's recent writings on the value of homeopathic remedies for diarrhea superinduced by milk in nursing children, have been translated into the Allgemenine Homeopathische Zeitung, from which journal we abstract some of his observations.

Aethusa.—When the child has an almost immediate eruction of sour milk, together with diarrhea, he recommends Aethusa cynapium, 6x, in dilution. To his mind it is the most efficacious homeopathic remedy. He suggests, however, that prevention is the best cure in such cases, and would have the child's nourishment changed—not to a prepared food, but to the milk of a sound wet nurse.

The diarrhea which follows upon indigestion must be treated according to the form of indigestion producing it. Pulsatilla is more than any other one remedy useful.

The diarrhea which accompanies weaning may be set down to one of two causes, overloading of the stomach or injudicious selection of food. For digestive disturbances in connection with stomach catarrh four remedies stand out as pre-eminently useful.

Arsenicum.—In violent and acute gastro-enteritis, where there are constant vomiting, burning thirst and diarrhea, this remedy is of first importance. As is well known, it gives a typical picture of enfevered gastro-enteritis, so that, conversely, the heat and the thirst as sometimes manifested in gastro-enteritis may be rightly taken to indicate Arsenic.

Antimonium Crudum.—This remedy has less violently acute indications; it has more nausea and less vomiting, and is especially suggested by the doughy, white-coated tongue; it has fever, diarrhea and loss of appetite.

Kali Bichromicum.—The gastro-enteritis of kali is of a slow creeping onslaught. Its tongue is smeared and yellow and shows the imprints of the teeth.

Pulsatilla.—Simple enteritis without catarrh is oftenest met by Pulsatilla, the indigestion being traceable to pastry, ice cream, etc., and the disturbance manifesting several hours after the meal, or in the night or perhaps next morning.

There are certain adjuvants in the treatment of acute indigestion which should not be overlooked, as it is frequently possible to obtain a certain amount of alleviation through them; as for instance by a warm compress, or alcohol in the form of Spiritus Melissae.

Besides the four remedies above differentiated Dr. Cartier dwells on Mercurius, Veratrum and China for acute diarrhea. The combination of Arsenic and China in the form of Chininum arsenicosum he characterizes as his "treasure-remedy" in cases presenting no characteristic symptoms. He uses this form in the third decimal, two globules after each stool, usually with very quick responses in the cessation of the diarrhea. He then tapers to two doses daily for two or three days.

A Vanilla Eczema.

Dr. Edw. Arning, of Hamburg, reports in the Allegemeine a type of skin disease which has not so far been recorded in dermatological literature. It is, however, familiar enough to the large firms importing vanilla and is particularly well known by all those who work with the vanilla crystals. It is called "vanilla eruption." It seems that the white, needle-like crystals on the black husks of the Mexican vanilla have a direct affinity for the skin. The eczema always starts on the hands, the backs of the fingers and the palms, then shows above the eyebrows, then spreads with some swelling and severe itching over the face and the forearms, and finally disappears without being brought to the physician. The workmen take it as a part of their routine and hold that one exhibition of it makes the victim thenceforward immune.

At least two instances, however, have been adduced to show that this immunity cannot always be counted upon. One was the case of a foreman in a vanilla importing house who fell a prey to the eruption and who had more or less continually for three months a chronic eczema of the hands, forearms, glabella and forehead. The other case was that of a boy of fifteen who as a sorter in a vanilla house had the eruption two years ago. It lasted longer than usual with him but was finally cured by domestic pastes and washes. He then went back to his work—and immediately the eruption reappeared. Every time he got it healed and returned to his work it would come out again, so that he was finally obliged to get out of the business altogether.

Dr. Arning calls attention to the fact that all men employed in the vanilla houses constantly smell like the spice, even when they have quit the stores and have bathed. The diagnosis of the disease is therefore easy, even when the patient has not already named it.

Pleuritis in Children.

Dr. Henry D'Arnim, in the Allegemeine, remarks upon the frequency with which pleuritis is wrongly diagnosed or unrecognized in young children. He puts this down to the fact that through the inability of the young child to manifest its sufferings other than through wailing and screaming we miss the spoken expression of that characteristic symptom which points us almost unerringly to pleuritis, i. e.,

the sticking pain upon breathing or coughing. This symptom, however, may be had by the careful observer in the child's restlessness and distressed face-twitchings, both when crying and coughing. Although these same manifestations are attributable to the teething process it is remarkable how many mothers so attribute them when a child is at an altogether impossible age for teething.

A fresh pleuritis is also marked in young children by cerebral symptoms, though these are not so speedily apparent as in inflammatory conditions of the lung.

A case is on record by Dr. Henoch wherein a four year old boy began with repeated and violent epileptiform cramps, somnolence and vomiting; he was about to diagnose an inflammation of the brain; nor was it until the disease had run a fourteen day course and he had been impressed by the duration of the fever and the increased frequency of breathing that he examined the chest and discovered a typical pleuritic exudation.

The same author cites another case where a child had intermittent attacks like the foregoing coming up about every fourteen days. A diagnosis of meningitis was based upon the fever, cough and violent convulsions. Four weeks later the mistake was discovered in the hospital. The left pleural cavity was filled with exudate; the brain and its membranes were perfectly sound.

Professor Henoch records that four out of fifty-four cases of pleuritis, which he had under observation, began with epileptiform manifestations, all of the four being children under two years of age.

Older children complain of intense headache. Delirium and vomiting are often concomitant symptoms. In the first few days of the pleuritis where the child is stupid and delirious, shows some strabismus, clutches automatically at its head, vomits and is constipated there is special liability to err in the diagnosis because the chest signs in this stage are often scarcely perceivable.

This difficulty of diagnosis is, however, at this stage of no great importance to the homeopathic prescriber who is after the totality of symptoms and to whom the same remedies will occur for the same symptoms whether the symptoms be induced by meningitis or pleuritis, by measles or typhoid fever.

The Cough.—This sometimes manifests in a very mild degree and may even be entirely absent, though this rarely happens. When it appears quickly and is severe bronchial catarrh will also not be found wanting. Whistling, sonorous and mucoid rales are noticeable.

Bronchial Breathing.—The frequency of the breathing depends upon the amount of exudate and the condition of the bronchii. It sometimes reaches the enormous limit of sixty or eighty per minute. Associated with the bronchial catarrh there is more or less of a ringing rustling noise in the breathing which easily suggests lung cavities, particularly when backed by emaciation and hectic fever.

Dislocation of the liver through a right-sided exudate and dislocation of the heart through a left-sided exudate are often apparent in children.

Vomiting is a frequent symptom of the first few days, either following upon cerebral manifestations or quite independently of the same, and is as often manifest as in right-sided pleurisy.

The Fever.—In older children the fever is ushered in by shivering and chilly sensations. The intermittent course which it takes is another fruitful cause of error in diagnosis.

While the diagnosis in the earlier stages of pleurisy does not affect the treatment of symptoms by the homeopath, once the exudate has become established and we have before us a patient just about to cross over from an acute stage into a chronic course, the importance of the diagnosis becomes much more pronounced. If the exudate is there we want and ought to know it, and the sooner we know it the better the child's chance.

Illustrative Cases.—Two interestingly allied and yet very different cases of pleurisy in children are quoted from Prof. Henoch as follows: The one case developed with the disappearance of a head eruption after skillful treatment, the other after a spontaneous disappearance of a similar eruption. The sequential relation of the bronchial and pleuritic affections to the eczematous condition which preceded them was very significant. The eczema in the first case was accompanied by an extreme swelling of the auricular and occipital regions. After local applications the eczema gave place to a diffuse bronchial catarrh and an intense pleuritis. It took about fourteen days to meet these latter manifestations by the proper remedies. No sooner had this been done than the eczema reappeared and within a few days spread again over the whole head.

While such a metastasis but verifies belief for the old woman of the "yarb-tea" experience, Prof. Henoch notes that in his own wide experience in the suppression of eruptions by local measures he never saw but the two cases under discussion have any such result, and suggests that it was rather more his idea that the disappearance of the eruption was not so much the cause of the pleuritis as an effect of it. In support of this view he calls attention to the sapping of the blood supply to the head by the inflammatory condition of the chest, and the generally weak and depressed heart action consequent upon the catarrh, the pleuritic effusion and the diarrhea. He also notes that he has seen the self-same disappearance of an eruption in children who are seized by a weakening diarrhea or cholera. With the return to health the eruption reappeared.

Henoch admits, however, that he was impressed by the metastatic appearance in this case and that the impression was intensified by his experience with another case, the second of the two under discussion. The latter was a two year old child who for a year and a half had had an eruption all over the head and over various other portions of the body. This had finally disappeared without medical aid, leaving behind a scaly mark across the forehead and a red infiltration of the skin of the back. Coincident with the disappearance of the eruption the child was taken with a violent bronchial and intestinal catarrh. This was relieved by Ipecac, but did not finally disappear until the re-establishment of the eruption a few days later. Henoch says in conclusion that despite his tendency to skepticism on the metastatic score he desires in view of the marked connection between the eruption and the pleuritic effusion in these cases to again call attention to the probable causal relation of one to the other, or of some obscure dyscrasia to both.

PHYSICAL CULTURE FROM A MEDICAL STANDPOINT.

BY C. E. SAWYER, M. D., MARION, OHIO.

The great obstacle to the correct understanding of many diseases and the chief impediment to their removal is due in a large majority of cases to the exclusive attention paid to the particular modes of their expression rather than to the conditions pro-

ducing them. In other words, symptoms are treated while causes remain unmoved. Most chronic diseases are the result of imperfect vital action, irregular and unrhythmical blood-supply, depending for their existence and perpetuation upon influences of a general rather than a local kind. As the causative and productive factors are constitutional the means used in their removal must be of the same nature; they must conserve nerve force, relieve local congestions, increase muscular tone, and equalize the general circulation—the attainment of which is best accomplished in most cases where the beneficial effects of advanced physical training are brought into service.

Up to the present time physicians have not given the care, attention and thought to this subject its importance so justly merits; and as the laity have already criticised this lack of interest it is time that doctors give the matter more consideration and thus be able to instruct patrons and friends in the use of these means in a practical and rational manner. If there is any one really capable of giving direction in matters of physical development and of promulgating plans for their execution it must be the physician, whose understanding of anatomical and physiological relations affords the best insight into the demands of individual cases; and as it is the proper use of these elements which makes the results favorable many improvements, both as to kind and method, could be suggested in the general plan of physical exercises, too often given and taken under circumstances and conditions adverse to the attainment of their greatest possibilities.

The efforts of our collegiate directors in matters of physical culture are surely most commendable and they are to be complimented upon their success; for they have accomplished much good. But with all this it still remains for the medical profession to draw the line that separates the chaff from the grain, the good from the bad; for we do know that it is an influence if improperly wielded as capable of doing harm as it is possible of benefit, and the limitations can not be as well understood by anyone else as the modern physician; for while physical directors are fully capable of making comparative measurements by which they determine individual discrepancies in muscular development or regional activity, they do not appreciate the importance of visceral function and organic relations; consequently the heart may be over-stimulated, the lungs over-exercised and nerve-force wasted because of this want of knowledge.

Recognizing the law that the natural activity of a part is its greatest stimulant and simultaneous relaxation and contraction of muscles their most powerful tonic, we can better appreciate the importance of a correct understanding of the laws governing physical development and the rules regulating their application. From disease any member of a body may in a short time become helpless, simply because the lack of motion and want of exercise leave the part poorly supplied with blood; and from non-oxygenation the avenues of nutrition become blocked with dead and dying cells, making natural function impossible. Thus we find many diseased conditions amenable to no other form of treatment than that of physical exercise; for in the fulfillment of the requirements of general and local nutrition we have demands that can be supplied in no other way.

These facts are as applicable to organic derangements as to muscular disturbances. A stomach that has lost its tone, a heart that has lost its natural rhythm, a liver that has become sluggish, a uterus that has become displaced and intestines that do not operate may each and all be relieved by physical exercises properly administered when all medicinal substances have failed.

From the physical director's standpoint courses of general exercises have been arranged for, with a very great degree of precision. They are founded upon careful measurements of each individual and are given especially with a view of increasing the strength of illy developed and weakened parts. Ordinarily they are given in series consisting of all the various exercises known to modern gymnasts. As they deal with comparatively healthy individuals the instructions given and the charts used may be employed favorably by the medical fraternity in so far as they are applicable; but when we come to consider the subject of physical culture as applied to diseased humanity the means must of necessity be of such nature and form in many instances as to be employed in the treatment of individuals confined to their beds; for the benefits to be derived are not by any means limited to periods of convalescence or to patients able to be about, but may be used with as good effect in bed-ridden invalids, providing that such methods be employed as to not overtax personal endurance.

Massage.—Physical culture as generally understood or considered deals entirely with principles of an active kind executed by personal effort, such as free-arm-movements, dumb bells, wands, Indian clubs, etc., etc. As accepted from the physician's standpoint, however, it must include both passive and active measures.

Passive means are those administered to weaker individuals and are to be given, so far as the person is concerned, while at absolute rest. To accomplish this end we are forced to an understanding of massage, for this is as certainly a means of physical development as any of which we have knowledge. In this we do not have reference to so-called massage that simply stimulates the skin, and is given in a hap-hazard manner at irregular intervals by any person who may be handy, but thorough massage given in accordance with fixed laws by an individual versed in anatomical and physiological relations and actions; massage given with a will and an object by an operator interested in the welfare of the patient, and whose prime motive is the patient's betterment; massage that affects muscles, nerves, lymphatics, fibrous tissue and bones alike; massage that increases blood corpuscles, improves muscular tone, adds to nervous vigor and increases ossific granules; massage that aids oxygenation, elimination and assimilation.

There is no longer a question as to the ability of this form of physical development, if properly applied, affecting the above designated results; for the microscope, chemical analyses and exacting measurements all show such results possible, consequently it is necessary that we have an understanding of these domains that we may be able to bring to our relief the primary influences that lead to other forces. This form of treatment is as important in physical development as any of the known methods, and should be prescribed with precision and executed with understanding; unless properly employed it may be worse than useless.

Correct Breathing.—Another highly important factor in physical development from a medical standpoint has to do with habits of breathing. Formerly it was presumed that the act of respiration was begun and completed in the lungs; but modern physicians know that it is only begun in the respiratory apparatus and completed in the tissues most distant from the thoracic cavity. As oxygenation of the

blood is the health-giving principle and the chief process of repair, oxygen must be carried to the remotest parts of the body, and to accomplish this end it is necessary that the individual should be taught to supply the lungs with the greatest amount possible of fresh air at each inhalation. To a patient prostrated with pain, overcome by effort or depressed by worry nothing is more invigorating, nothing so refreshing as a few full deep inspirations. Breathing is a function which may be done correctly and be beneficial or incorrectly and lacking in its health-giving power; consequently every patient should be instructed in proper modes of respiration as an important part of physical exercises and health-restoring processes.

Mechanical Massage.—Thus far I have been dealing with principles applicable to individuals who have neither strength nor power for personal effort. The next consideration will be of a more active means, such as mechanical massage, in which the same principles are involved and the same results obtainable by more active means in a more rapid manner. In manual massage the vibrations possible are only about forty per minute, while in the mechanical they may be increased to four or five times this number. As rapidity and force increase so action and reaction increase, and from the milder and gentler forms of mechanical motion this line leads on to the most exhaustive and extensive exercises by which every fibre and every cell within the body are brought into action. This is another step in the process of personal development, and it is as capable of application and as sure of favorable results as any of the other physical-culture methods and, like all the rest, should be given in accordance with careful prescriptions, with a thorough understanding of its possibilities and its objects.

Swedish Movements and Medical Calisthenics.—These are also measures of an active kind worthy of consideration. By the term Swedish Movements is meant regulated exercises given according to fixed rules for specific purposes. They only differ from ordinary gymnastics in the fact that they are given strictly in diseased conditions and for afflicted people. They are possible of the greatest precision in use and of the most certain effect, dealing as they do with not only the entire voluntary muscular system but also with all of the reflex nerve centers as well; their range of usefulness is only limited by the thoroughness of their application, and they may be given in any case under all circumstances and in all conditions where it is necessary to draw blood from a part or carry nutrition to it, providing always that individual requirement and personal endurance are taken into consideration; for their influences are as far reaching as any of the known beneficial means at the command of the modern physician.

Medical calisthenics include all exercises of an active kind brought into use through dumb-bells, wands, Indian clubs, etc., and are to be given in accordance with personal requirements and individual necessities. They may consist of exercises covering the widest range, from the simplest and slightest to the most complex and strength-exacting. There is but one guide which is always to be followed, and that is individual requirement. The special rules to ever be paid deference are first, that passive movements of a milder form should be used in the earlier treatment of all cases; second, that rest between exercises is a matter of great importance and that the slower movements always precede the more rapid ones; third, that all exercises be given in a systematic manner at a regular hour each day under the supervision of some one capable of giving the case proper attention, for no matter how well the patient may be instructed, how favorably impressed or how willing, the possibilities will not be acquired if left to one's self.

Illustrative Cases.

To aid in formulating plans for the administration of physical culture principles as applied from a medical standpoint and to demonstrate the scope of the work the following cases are given:

Case I.—Mrs. R., aged fifty-six years, mother of two children; former weight 175 pounds; present weight, after six months' illness, 135 pounds; temperature 98 degrees F.; pulse 96 beats per minute, very irregular; respiration 30 per minute; shortness of breath upon slightest exercise; inability to ascend even slight elevations; sleepless; nights disturbed by constant hacking cough; could not lie down without head being elevated; extremely nervous, easily fatigued; palpitation over cardiac region showed cavity of heart enlarged while walls were attenuated; extremities bloated, abdomen ascitic, urine albuminous. Diagnosis—Dilatation of the heart without compensating hypertrophy. Former treatment consisted of drugs administered allopathically and homeopathically alike without relief. Change of climate also proved unavailing and every indication was unfavorable for recovery.

The following line of physical culture treatment was adopted: Each morning she was given a general massage consisting of the different processes of kneading, rolling, percussing, etc. This process was continued for a period of from forty to sixty minutes. After resting a sufficient time she was placed in a walking machine and allowed to go through the different processes of walking for from ten to fifteen minutes. Later in the day she was given a list of light calisthenics, consisting of free-arm movements, breathing exercises and joint motions. These were gradually increased and added to each day as her strength improved until at the end of four months she was discharged free from all of the complicating disturbances that had presented earlier in the history of her case, and with a heart whose caliber was considerably diminished and whose walls had been increased to at least double their former thickness, with a pulse beat of from seventy-two to seventy-eight per minute, with every indication of a permanent and complete recovery.

Case II.—Miss L. aet. eighteen years; patient weak, feeble, aenemic; muscles attenuated; body bent; nervous, fretful, petulant with distressed and drawn expression. So completely was she a wreck in a nervous and a physical way as to require the constant attendance of a professional nurse. Every physical appearance was indicative of imperfect blood-supply and abnormal nutrition. She would have frequent attacks of convulsions of a most aggravated type which to all appearances were epileptic in form. She would froth at the mouth, bite her tongue and go through the most trying bodily contortions imaginable, lying for hours at a time with her head and heels together in a complete opisthotonos with her fists clenched and her jaws set. These convulsive attacks would often be followed by hours of muscular jactitation of the severest kind, in which her body would be absolutely jerked out of bed but for the watchfulness of her attendant. She was troubled with insomnia to a marked degree, going at times for a week together without sleep except as it was produced by artificial means, either in form of an anesthetic or by hypodermic injections of some

powerful sedative. These conditions had developed and continued under the most careful hygienic regimen and careful medication and in spite of thoroughly applied orificial principles.

Realizing the futility of ordinary medical measures I at once began a line of physical-culture exercises, together with forced rest and over-feeding, which in four months had yielded the most favorable results, transforming the weak, hopeless, bed-ridden invalid into a bright, happy, uniformly developed, healthy individual, full of life, hope and vigor.

The plan of administration of the measures was very similar to those of the preceding case, beginning first with manual massage and gradually adding as strength increased Swedish movements consisting of body rotation, limb circumduction, head rotation, etc., etc.: also medical calisthenics beginning with the lighter free-arm movements, dumbbells, Indian club and wand exercises, starting with the slighter form and increasing as strength and vigor increased.

Case III.—Miss M., aet. twenty years; blonde; for several months had been weak, nervous, sleepless, always tired and wholly incapable of any bodily exertion without extreme fatigue, palpitation of the heart, bowels constipated, appetite capricious, frequent fulgurating pains throughout the body. Physical examination revealed a lateral spinal curvature of a marked degree, which from the pressure on the cord was doubtless causing the various diseased manifestations. As she was able to be about a light two bar spinal brace was placed on the back and a line of Swedish movements for the correction of the deformity was begun, consisting of respiratory, head rotation, lateral flexion of the head, arm, leg and thigh circumduction, thigh hyper-extension, trunk resisting, head resistance, deltoid movements, etc. These were followed daily for a period of four months, when the patient returned to her home to resume her household duties, which she has been able to follow without interruption for now nearly two years and without any of her former complaints, and a back comparatively straight.

Case IV.—Miss L., aet. twenty-one years; suffering from pernicious anemia, from which she had become so enfeebled as to make the slightest effort fatiguing. Her lips and face were absolutely colorless, her gums pallid and the mucous membranes blanched. Her actual strength, as measured on a dynamometer, was as five to forty-eight as compared with a normal strength test, and her whole condition was in keeping. This patient had been under allopathic treatment taking the various preparations of iron, arsenauro, liquid peptonoids, beef extracts, protonuclein, etc., without avail. Microscopical examination showed the blood lacking in red corpuscles to a marked degree. Here was a case that was short in all of its nutritive functions with but little hope of benefit; yet a thorough line of physical culture followed daily soon brought about marked beneficial changes, and at the end of a few weeks the lady was able to return home looking and feeling like a new being, she having gained twenty pounds in weight and her strength having increased to the proportion of thirty-eight to forty-five.

Case V.—Mrs. M. had a paralytic stroke, rendering right side of body helpless; could not walk alone or feed herself. She had been very much prostrated prior to her illness by trying business requirements, and was on the verge of nervous prostration when the present attack came on. Her muscles were all soft and flabby, with almost no electrical reaction; expression careworn; very much depressed in spirits, weeping easily and generally broken down.

After nine weeks of physical-culture treatment, including massage, Swedish movements and medical calisthenics she was able to make a journey of two hundred miles, necessitating several changes of cars and hours of waiting, unattended and with the minimum of discomfort and without relapse.

I relate these particular cases to demonstrate the wide range of application of this line of treatment. By referring to the cases it will be seen that they are all among the gravest disorders, profound in character and most unpromising. The one case of dilatation of the heart is given to show the possibilities in organic disturbances, the hystero-epileptic to prove the benefit in functional nervous diseases, the spinal curvature to demonstrate its practicability in deformities, the pernicious anemia case to show its influence in blood-making processes and the paralytic as evidence of its power in organic nervous disorders.

I might in the same connection add many more classes of cases to the list, for the varieties of diseases in which physical culture exercises may be serviceable are comparatively innumerable; the range of applicability is limited only by the thoroughness of application of the various means to be employed and the regularity and persistency with which they are used.

MEDICAL LEGISLATION IN THE UNITED STATES.

BY C. E. FISHER, M. D. CHICAGO.

Accepted Types of Medical Legislation.

In a general way two types of medical legislation are in vogue in the United States. One contemplates personal examination of applicants by state or other examining boards, the same examinations applying to all candidates for licensure whether recent graduates or practitioners of experience. The other contemplates the vising and registration of diplomas from medical colleges in good standing and issuance of licenses thereupon, the reputability of the colleges and the legality of the diplomas being determined by state boards of health, boards created for the purpose or by local officials.

In special instances examining boards make an effort to suit the examination to the conditions of the applicant, as to age, years of experience, etc. In other instances the vising of diplomas is left to legal officers of a county or state. But these instances are the exception, the general statement that the types of legislation named prevail in this country holding true, and these are the types to which our attention is ever being called and between which we shall have to choose.

Examining Board Type—Historical Note.

The first concerted effort to establish a department of "State Medicine" in this country began with the American Medical Association at its New Orleans meeting in 1884. There had been sporadic attempts in this direction prior to this time, some states having already enacted specials laws relating to the supervision of the profession and the protection of the people from the depredations of pretenders. But there had been no general movement in this line.

At that time homeopathy was attracting unusual attention. In the South we had been exceedingly successful in recent yellow fever epidemics, and our colleagues were especially active in propogating homeopathic principles and practices among the Southern people. In New York a change of senti-

ment was coming over the old school profession and a new code of ethics which admitted of consultations with homeopathic physicians was exciting the interest of the entire medical profession of this country. The meeting referred to was largely made up of delegates from the South and Southwest who still clung to the old medical prejudices, and who daily decried Homeopathy and other "irregular" methods of practice as unworthy the confidence of the people and unworthy of recognition as honorable and legitimate systems of medicine. Those of us who had been made to feel the annoyances, chagrin and even disgrace of those prejudices from day to day watched with anxiety the action of that association, realizing the full import of the determination to establish a department of "State Medicine" for the purpose of "crushing out all forms of quackery. In the convention and by the profession it most largely represented Homeopathy was considered the chiefest of them all, and it was by this element that the examining board plan of supervision was adopted as most likely to accomplish its destruction.

There was also an element who held that the profession was becoming overcrowded, especially in the large centers, and the plan was readily accepted by them as likely to retard the too rapid growth of the medical army of the United States, it being thought that many would be deterred from beginning the study of medicine with this additional handicap upon them. But the chief reason for adopting this form of supervision, as appeared from the discussions on the floor, lay in the belief that by the appointment of state examining boards Homeopathy could be so held in control as to insure its early extinction.

It was not reasoned that we might secure representation upon examining boards or have boards of our own. This thought found no lodgment in the prejudiced minds of those legislating for our downfall. They failed to count our strength and for the moment forgot that, self-preservation being nature's first law, we would be found opposing this type of supervision to the last or would so amend their efforts as to secure protection for ourselves. The primary thought was to crush out opposing sects, the second being to retard the too-rapid growth of the profession and thus retain the field more largely to those already in it.

Thus began the movement for state examining boards over the United States. The idea was conceived in sin and born in iniquity.

A Spirit of Intolerance Still Prevails.

A spirit of intolerance and supercillious self-conceit permeated that convention more noticeably than any other the American Medical Association has ever held. In support of this assertion it is but necessary to cite the intolerant attitude toward the delegation from the Empire State, who were put upon the rack and their credentials denied because the New York society had taken a forward step in the ethics of medical brotherhood. Southern delegates and journals were especially bold in their denunciations of New York's departure from the iron ethics of the centuries of the past, and openly predicted the downfall of Homeopathy as the direct result of the inauguration of this Weylerian plan of campaign; in their judgment the examining board trocha to be thrown over the country everywhere would most certainly eventuate in the arrest of our growth.

It is hardly necessary to go to the minutes of that convention for substantiation of this bit of history. If we but look about us we will find the spirit of intolerance and selfishness which permeated that meeting still permeating the profession it represented. In New York it was only after vain attempts had been diligently put forth toward securing selfish control of the profession that the present medical act was codified. In Pennsylvania the same statement applies with equal force. In Illinois the legislative committee of the old-school entered into a solemn compact in a joint-conference to frame a medical bill which should give each of the three professions its share of examiners on a common examining board, yet they violated this agreement by presenting to the legislature a measure in which no provision whatsoever was made for the protection of the minority. Their excuse—a mere subterfuge—was that in this state any mention of the different systems in the act would be held to be unconstitutional. In Michigan they were a trifle bolder. After participating in the formation of a Legislative League and engaging in joint conferences for the purpose of framing a bill acceptable to all alike they knifed their own measure to death rather than have Homeopathy and Eclecticism named in the text of the bill as legalized systems of practice.

Homeopathy Leads in Educational Requirements.

But we need not rely upon these instances and others which might be enumerated to convince us that the organized old-school profession—and I use the term "organized' advisedly—is not oversincere in setting stress upon a desire to elevate the standard. They have been slow in demanding of their colleges enlarged courses of instruction, more terms of study and generally advanced requirements. For years we have led their national association in this important educational relation. Not a college is being conducted under the banner of similia that does not require four courses of lectures of six months each. On the other hand, less than one-fourth of the old-school colleges demand four courses, and a large number of their schools are still satisfied with but two courses of five or six months each. Did they sincerely desire to elevate the standard why so slow in requiring their teaching institutions to set a higher standard for their students? We are justified in looking with suspicion upon the herculean efforts they everywhere put forth to elevate the standard by legislative enactment so long as they trail behind other national associations in demanding the elevating of their own individual standard of educational requirement.

Not only are they slow in reaching the standard the American Institute of Homeopathy set for her colleges years ago but in individual states they are loth to accept the demands we make upon them for advanced qualifications. Within three months in an examining board contest before the legislature of Nebraska it was with difficulty that the representatives of the homeopathic society were able to induce them to accept a registration enactment demanding four full courses of medical lectures and clinics as a prerequisite of licensure; they contended long and strenuously for an examining board law and were fully satisfied to demand but three courses of lectures as a requisite for examination, preferring to subject the people to three term graduates and their local examination than to demand of all applicants for license that they be graduates of four year colleges.

In Texas the official organ of the State Medical Association proclaims with indignation and vehemence that rather than make terms with the Homeopaths and Eclectics, giving them membership upon an examining board and thus granting them

recognition as legalized systems of practice, it would prefer to see the state overrun with quacks and pretenders from every part of the country, from the traveling mountebank from Boston in his private car to the voodoo doctor of the black-belt. Not sugared by the possibilities of snug medical and surgical fees from homeopaths who have no more independence of manhood and professional self-respect than to send their special cases to old-school specialists, the Texas editor is a trifle bolder than his colleagues in the North and East. But could we but touch the spring that locks the innermost recesses of their hearts we would find that the fiery Texan but voices a sentiment which finds ready lodgment in the breasts of the vast majority of that profession which selected the type of legislation under consideration as that by which opposing systems could more certainly be brought under complete subjection.

With these bits of history before us it would seem we should be very slow to accept a type of legislation as satisfactory to us which has been chosen by our intolerant opponents as the type appealing most satisfyingly to them as most likely to secure our overthrow and disgrace.

How It Operates to Our Disadvantage.

It may be asked how this type of medical legislation is likely to operate especially to our disadvantage, even if the old-school profession has selected it as the weapon for our destruction. The answer is not difficult.

There are still many states, especially those of the far West and the South, in which homeopathy is not firmly established and in which the dominant profession so far outnumbers us as to make it unreasonable and impracticable to demand our own examining boards, or even a working representation upon a common board. In Texas, for instance, there are four thousand old-school physicians and but fifty of us. Basing representation upon population and tax-paying possibilities we would be entitled to but one-eightieth of the examiners. It would hardly be expected that we would be able to hold our own in that state with this representation, therefore in Texas at least we might easily be driven to the wall.

In Mississippi there are fifteen hundred allopaths and but six homeopaths. They have a state board; we haven't enough representatives to compose a board, even were all to be appointed upon it. The result is that in that state we are practically destroyed, and the people, except in a few of the cities, are deprived of the homeopathic system and compelled to submit to the practices of the old-school whether they will or no.

In Alabama the old-school profession numbers above eighteen hundred while but eleven homeopaths are in practice there. They have sixty-six county examining boards, and only now and then does a homeopath have the courage to face them to secure the right to practice in that commonwealth. The masses are deprived of homeopathy, and our physicians located in that state are compelled to submit to all sorts of indignities and discomfitures because of the paucity of our numbers and the unacquaintance of the people with our practice. The examining board plan of supervision has effectually retarded our growth in Alabama.

In the Carolinas a still worse condition exists. The practitioners of homeopathy can be counted on the fingers of one hand, and the prospects for the future are inglorious. In Virginia the situation is but little better.

Nor is it because homeopathy does not find ready lodgment among the people. It is the experience of our profession that the people of the South are only too glad to be relieved from the crudeness of the type of medication to which they have long had to submit, and that homeopathy is readily accepted as its virtues become known. The trouble lies in the laws which have been adopted for our exclusion. Therefore, it would seem that we should be very slow, as already suggested, in accepting as agreeable to us a type of legislation which has had the effect to thus retard our progress in states wherein we are weak and wherein the people need the beneficences of homeopathy as much as do the people of New York or Pennsylvania.

How It May Operate Where We Are Stronger.

But this argument applies only to states wherein we are not numerically strong. It matters little, we may selfishly say, how our acceptance of this type of medical supervision operates to the disadvantage of the people and our colleagues in those states if it be satisfactory in our own; how is its adoption in states in which we are able to secure our own examiners calculated to operate to our disadvantage?

There are 120,000 physicians in the United States. Of this number the old-school has above 100,000. We lay claim to about 12,000; but the most reliable figures obtainable show that we fall short of this number by full two thousand. It is safe to estimate then not more than eight or nine thousand are to be relied upon to do or die for the cause. If we accept the suggestion that the handicap of an additional examination, especially one to be conducted by a state board of strangers who have absolutely no interest in the applicant or acquaintance with his abilities except as revealed by answers to a series of questions they propound to him, is likely to restrain any considerable number from year to year from entering upon the study of medicine, we will suffer just as many times more from this restraint as our numbers are proportionately less than the old-school, provided, of course, that the relative output of the two professions corresponds.

I take it that no one will be so confident as to suggest that the additional handicap referred to will not limit entrance upon the study of medicine. The exactions are already severe. This additional one is more far-reaching than all the rest. Medical students may put in full time at their studies at the colleges and bear all the expenses of student- and college-life only to learn after having received their degrees that their parchments are not worth as much as they would be if unwritten upon.

It is eminently fit and proper that all the safeguards of reason shall be thrown around the profession, and that the people shall be protected from ignorant and incompetent practitioners, even though our numbers be kept at our present figures for centuries to come. But, if we look at all to our growth and development, and if we are conscientious in asserting that in homeopathy lies the best and most successful system of medical practice known to the world, then it is a question whether we have the moral right to place any handicap upon the young men and women of this land who could be trained to become excellent physicians which will have the effect to deter them from engaging upon the study of medicine and drive them into less attractive callings. The uncertainty of the final state examination handicaps us ten-fold more than it does the old-school, because of the difference in proportions of numbers represented in this figure.

Should it be whispered by some selfish mortal

that we, too, are becoming crowded and need the retarding effect of this additional handicap I would say to him, "Go to the South, go to the West, go even into Illinois, Indiana, Missouri, the mountainous regions of New York and Pennsylvania, go out of the beaten tracks almost anywhere and you will find towns and villages and hamlets and cross-roads in absolute need of homeopathic physicians." The right has not been awarded us to enact into statutory law any type of medical legislation which shall have the effect to deprive the people of those unpopulated fields of the system of practice we have chosen for ourselves.

Uniform Examinations Unjust and Undesirable.

But there are yet other ways in which this type of legislation is calculated to defeat the avowed intentions of its [illegible] as an examining state. [illegible] it has been adjudged necessary for the candidate to submit to the examining examination. He is barred from collecting the experience suit unless he possesses a certificate of jected. In [illegible]on from a local board, but he may practice are made to [illegible]ion without let or hindrance by recording as the more [illegible] in the office of the district clerk[illegible]sician just from college which he locates [illegible] to be deterred from locating in an [illegible] law-board state by questions in elementary branches, many of which were not taught when older men were graduated, than is the practitioner of experience. It has been observed that in examining-board states almost the entire list of applicants for licensure from year to year are recent graduates. In the very nature of things the experienced man, who has laid aside his text-books and quiz compounds in the elementary branches many years ago, will shrink from college-examination tests of his fitness, in the full realization of his inability to compete with the student just from college and hospital training. Failure means disappointment, chagrin and disgrace. The student may "cram" a few months and try again. The older man once disgraced is disgraced forever. It is not a fair test of ability to so conduct examinations by state boards that the two classes are put upon the same level. The effect is to offer a premium upon inexperience and text-book learning against the unmeasurable education acquired in long years of contest with disease.

Viewed, then, from the standpoint of the people and the view-point of the experience growing out of bedside practice, the legislation which demands the same examination for the recent graduate and the long-time practitioner is ineffective, hence undesirable.

A legislation which thus offers a premium upon beginners and which handicaps experienced men to the extent that a rudimentary examination does is not and cannot be a just and really valuable type of supervision.

In general, there are so many objections to the state examining board type of medical supervision that it is difficult to conceive how we as an indicted profession can bring ourselves to look with favor upon it. Did it possess some magic charm whereby the standard of the profession might be elevated by a "Presto, change!" contortion of the fancies of the human mind, it might be well for us to rely upon the eternal truth that lies in homeopathy and trust to Providence to protect us from its destroying influence.

But when we weigh the iniquitous sentiment which gave it birth; when we seriously view the retarding influence it is having upon us in states in which we are not able to withstand its withering blight; when we calmly consider how it operates to retard our student-development, and when we reflect how it places the experienced physician at a disadvantage it would seem we may well look about and determine whether it be not possible to devise some better and more equitable form of supervision, sufficiently protective of the interests of the people while yet void of the serious objections presented by the examining board plan of control.

Not Effective Against Mountebankism.

Did this type of legislation carry with it supervision over mountebankism and many of the abuses constantly presenting to our attention we might yet be willing to tolerate its hindrances and accept it for the measure of good it may contain. But we find its force is largely spent in controlling the regularly constituted and qualified profession, and that it is utterly inefficient in suppressing mountebankism and the most flagrant indecencies of uneducated pretenders. Turn to New York for a moment! The law of that state is pronounced the highest type of examining law. It forms a veritable Chinese wall around the Empire State. Brave indeed is the old practitioner who would face this law. There is not a member of the American Institute of Homeopathy or any state society in all this land who can break into New York without first being subjected to an A B C test of his qualifications. The twenty, thirty, forty or fifty years of experience men may have piled up to their credit possess not the value of a single point in determining their right to pursue their profession in New York. By the examination and by it alone must they rise and fall. But go to the metropolis. Alight at the New York Central Station. Walk a block or two to the West, and within a square of the twenty years' residence of our beloved Helmuth are to be seen the emblazoned signs of the "Copeland Medical and Surgical Institute." Go a few blocks further and down Broadway, that mighty artery of commerce and travel, and on that great thoroughfare will be found my former huckster with his Microbe Killer and his hundreds of certificates, many of them from people long since dead, attesting the virtues of his sulphurous-acid water, from the sale of which he has made his millions and is still making them, while the honest and qualified practitioner is bid to "move on" or submit to a text-book and quiz-compend examination by men who know him not, who take not into consideration his natural or acquired fitness and adaptability for his profession, and who allow him not one jot or title of credit for the long years of experience he has gained at the bedside of the sick. Radam, who vended his vegetables at my door from day to day through season after season, and who knows absolutely nothing about the science and art of medicine, is admitted and allowed to pursue his doubtful calling from year to year, while educated physicans will be placed under arrest and thrown into prisons if found practicing their profession without having first submitted to the test of an unjust and unfair student-day examination because it is so prescribed by law.

So long as mountebankism openly flourishes under this type of legislation it seems most undesirable that the legitimate profession should be handicapped as it is by impractical and unnecessary fundamental inquisitions. Surely those states in which this type of supervision has been adopted can lay no just claim to superior elevation of the profession of medicine in the eyes of the people while the Copelands and Radams and Hathaways are exempted and allowed to pursue their callings unmolested.

State Examinations Not Usually Practical.

Another objection to which I shall refer is that examinations by examiners who have no knowledge of the applicant's fitness and adaptability to the profession of medicine and surgery are not likely to be just and conclusive. Furthermore, viewing examining as an art, non-teaching physicians are proven to be prone to submit impractical and sometimes incomprehensible questions, not only intangible to the applicants but not clearly understood by well-qualified physicians of teaching experience. Again it becomes necessary to refer to New York and its tests. Without taking pains to select from published lists a series of especially incomprehensible and unusual questions submitted at New York examinations, a few are appended to show the impracticability of the examiners and the injustice their questions would impose upon elderly practitioners, and most likely, also, upon some one who are just from college. In student-days the daily examinations and also the finals are made up from subject-matter treated of by the various teachers. The student knows how to interpret the meaning of the professor's question because he has heard him lecture upon the subject under review. There is a bond of sympathy between student and professor and a common aim between them which ofttimes assists in the analyzing and interpretating of complex problems, to the extent that they are made plain and readily understood. Not so with arbitrary questions submitted from a distance by examiners who are strangers to the applicant. Here there is no opportunity for explanation, interpretation or comprehension. The cold question means to the examiner just what he intended it to mean, while to the applicant it means just what it reads. The difficulty presented is amply shown in some of the questions which follow. To the examiner the meaning may be perfectly simple. To the applicant they are often incomprehensible.

Some New York Questions.

Give causes and significance of irregularity of the pulse.

What diagnostic value may be attributed to variations of the skin in color, temperature and sensibility?

Make by external (not bi-manual) palpation a diagnosis of the fetal position in utero.

Give the diet and the directions in respect to exercise, etc., required physiologically in the process of skillful training for physical contests.

Can it be proved that the diminished death-rate from diphtheria, so generally announced, is due to the use of diphtheritic antitoxin? Give reasons.

Describe the physiological aspect of atavism.

Give the extremes of slowness and rapidity of the heart's action which are consistent with physical vigor and with ability to perform manual labor.

Give the process of regeneration of uterine mucous membrane following pregnancy.

What are the symptoms of detachment of the retina?

In what diseases is kalium bichromicum useful?

A careful analysis of many of the foregoing questions, taken almost at random from recent New York examinations, would serve to convince the unprejudiced reader that the examiners submitting them were bent on making an intolerable examination or else that they expected of the applicant unusual acuteness of intellect and unusual ability to interpret the meaning of the questions propounded. Simple as the last one cited may seem, it is yet utterly incomprehensible how the homeopathic applicant who knows and relies upon his materia medica can name the diseases for which kalium bichromicum is adaptable. It may be indicated in any disease presenting to the practitioner. It may not, on the other hand, be indicated in a single one of them. How, then, is the conscientious prescriber to answer a question of this character?

Without elaborating it is sufficient to assert that examinations by non-teaching examiners are not as a rule of the practical kind. There needs be a certain association of ideas between teacher and student in order that any examination shall reveal the real qualifications of the one examined. Without this there is always danger which should not exist. And this very danger brings back the thought of the additional and unnecessary handicap which is placed [illegible] may selfishly say, how our act[illegible]re who is subtype of medical supervision operates t[illegible]actical test vantage of the people and our colleagu[illegible] states if it be satisfactory in our own; adoption in states in which we are able to re we not own examiners calculated to operate t[illegible] Jersey and a[illegible]e? [illegible]ining board plan of supervis[illegible]sicians i[illegible]e, it is good and sufficient and must [illegible]e old-[illegible]re we not told that there is a great tidal wa[illegible]e of acceptance of this type of control sweeping over the country and that those of us who fail to get out of its way will be engulfed?

I have taken no little pains in months that are passed to gather information from every state and territory in the Union in relation to this subject, and append herewith an alphabetically arranged synopsized enumeration of the laws of them all. It shows that this type of control does not as extensively prevail as is supposed, and late returns from a considerable number of states go, also, to show that it will surely be supplanted in coming years by some other less objectionable and more efficient method.

It must be admitted that the form of supervision under consideration has been adopted in a number of states since the New Orleans convention proclaimed in its favor. But it must also be remembered that in several of these there has been no opposing profession to demand the enactment of a better law. It should also be remembered that in a number of states, and New York and Pennsylvania are among them, it has been accepted against the protest of considerable numbers of our colleagues and adopted in good part as a counter-check upon the old-school's efforts to crush us, by having been amended so as to give us separate examining boards.

Results of Recent Legislative Contests.

During the winter just passed legislative contests were waged in Ohio, Indiana, Wisconsin, Michigan, Illinois, Missouri, Nebraska, Colorado, Idaho, Connecticut, New Hampshire and Arizona. In the four last named the examining board has been accepted. In the others named all efforts in this direction have been signally defeated. This would not seem to imply a general acceptance of this type of legislation. In Maine the law recently passed is being stubbornly fought in the courts as in direct conflict with the constitution of the state. Texas is also among the list in which the wave has been broken before its cresting. In fact, it may be stated with accuracy that as the objections to this form of medical supervision have become known and fully appreciated it is being rejected more rapidly than it rose in favor. It is my firm conviction, based upon careful study and observation of the situation throughout the country, that if we but make up our minds not to accept and rely upon a measure primar-

ily inaugurated to accomplish our overthrow we can so completely insure its defeat that more just and practical types will be developed and eventually accepted.

In the enumeration which follows some confusion is likely to arise from the misuse of the term "examining board." For instance: California has three separate boards styled boards of medical examiners who do not examine applicants at all. In no legitimate sense is California an examining state, though usually so classed. Its boards vise diplomas and attest their reputability, and this is all.

Illinois is classed as an examining board state by many who write and speak upon the subject. Yet Illinois recognizes the diplomas of recognized colleges and submits to examination only those who are not possessed of reputable parchments.

Texas is announced as an examining state. Yet it is not necessary for the candidate to submit to a personal examination. He is barred from collecting fees by suit unless he possesses a certificate of qualification from a local board, but he may practice his profession without let or hindrance by recording his diploma in the office of the district clerk for the county in which he locates.

Wisconsin's new law is called an examining law, yet it does not demand the examination of graduates of legitimate colleges.

A number of other states are likewise classed as examining states which provide for the examination of non-graduate applicants. But in all of them not otherwise enumerated the possessor of a reputable diploma is not subjected to personal examination, therefore they cannot be correctly styled examining states.

The distinction is important, as it has been given out times without number that a great tidal wave in favor of this type of control is sweeping over the country, when as a matter of fact there has been but a comparatively insignificant swell, set in motion by the New Orleans convention and allowed by us to roll on unchecked in a number of states, when if we had but had the courage of our convictions and had stood by them we could easily have broken its force by baring our breasts against it. There has been a too-ready acceptance of the divorcement of the licensing and teaching powers.

The Registration Type of Legislation.

Of the second type of supervision little need be said. Its virtues consist largely in the fact that it requires no post-graduate examination, that it goes right to the root of the evil of incompetent medical instruction, that it imposes requirements of prescribed quality upon the medical colleges, that it does not handicap the student by an additional examination and thus deter capable young men from entering upon the study of medicine, and that it throws no unnecessary restrictions upon the general practitioner who has long since laid aside his elementary text-books for the more practical and necessary works in his library.

This type appeals to reason and common sense. It is the accepted requirement with all professions. In but a few of the callings of life, and in ours alone of the "learned professions," is the diploma discounted and its value set at naught. The minister of the gospel, the lawyer at the bar, the architect and the civil engineer, the artist and the musician are all rendered as skillful as possible in their student-life, but none of them are subjected to individual examinations as they change their locations and set up anew in their professions. The dentists and blacksmiths and undertakers and doctors have alone asked the law-makers to help them make themselves anew. The legislature has not been convened which can legislate brains into the human skull; nor is it reasonable to presume that any type of class legislation which may be adopted will elevate and improve our standards as much as we can elevate and improve them ourselves. An infected stream cannot be purified at its mouth. No more can a polluted profession be purified by holding post-mortems on its annual output.

In pleading for the setting aside of the examining board plan of medical supervision and the general acceptance of the registration type of control, it is with the firm conviction that by ceasing to rely upon post-graduate examinations and directing our efforts reasonably and sensibly toward the original source, the student-selecting and the college-teaching, we shall the more certainly and more quickly secure that degree of elevation which is the desire of us all.

We owe it to ourselves to accept as students in our offices only those young men and women who are by nature adapted, so far as we may be able to learn, for the responsible duties of the profession and who are possessed of acceptable preliminary educational training. We also owe it to ourselves to give more attention to the preliminary work of students placing themselves under our preceptorships. We owe it to ourselves, further, to send our students to those colleges only which demand a high grade of requirement and which live up to the grade they announce. And we owe it to ourselves to see to it that our students show from term to term that they are receiving that character of instruction and training which shall fit them for the profession. Did we but give heed to these essentials there would be small need of any kind of legal supervision.

The remedy for the evils of which we hear complaint lies with us. If we but apply it vigorously and consistently we shall soon succeed in elevating the standard of the profession far beyond the possibilities of all types of legislation upon which we have come to rely.

Digest of Medical Laws.

Alabama.

Alabama has sixty-six county medical organizations, each of whom are given the right to examine applicants for practice in their respective counties. The diploma is of no value as a license. The fee for examination is $10. There is a senior censor with headquarters at Montgomery who is a sort of a general detective and supervisor over all the county examining boards. As may be imagined, examinations by examiners appointed by sixty-six county societies are not likely to be thorough nor elevating to the standard of the profession.

Arizona.

Arizona has just passed a three-board examining law which requires personal examination by a homeopathic, an allopathic, or an eclectic board.

Arkansas.

Arkansas empowers the county courts to appoint boards consisting of three members for each county, who examine applicants for license. A diploma in itself confers no such right, but as a rule the examinations are limited to a few simple questions and the vising of the diploma of the candidate. Examination fee $6.

California.

California has three state boards called boards of examiners—one for the allopaths, one for the homeopaths and one for the eclectics—whose duty it is to examine the diplomas of the applicants to prac-

tice. No personal examination of the applicant is required. The fee for vising the diploma and attesting its character is $5.

Colorado.

Colorado requires graduates to submit their diplomas to a state board of examiners for verification, or to furnish other conclusive evidence of being a graduate of a legally chartered medical college. If not a graduate of a recognized college the board of examiners may conduct a personal examination and issue a license, the same as though the applicant possessed a diploma. The fee to graduates is $5, while candidates for examination are required to pay $10.

Connecticut.

Conecticut has just passed an examining board law which requires the examination of all candidates for license by an allopathic, a homeopathic or an eclectic board, according to the predilection of the applicant.

Delaware.

Delaware requires an examination by an allopathic board of examiners of five members or by a homeopathic board of five members, as the candidates shall select. All candidates are required to be graduates of regularly chartered colleges in good standing and to pay a fee of $10 for examination.

District of Columbia.

The District of Columbia has three separate examining boards, allopathic, homeopathic and eclectic, who meet quarterly and whose duty it is to examine all candidates. Only those who are graduates from regularly conducted colleges in good standing can come up for examination. The fee is $10.

Florida.

Florida has seven allopathic boards of medical examiners, one for each judicial district, and one composed of homeopathic physicians for the entire state. Candidates for license must be graduates and must pass an examination at the hands of one of these eight boards, for which the fee is $10.

Georgia.

Georgia has three state boards of examiners—allopathic, homeopathic and eclectic. Candidates must be graduates and must submit to a personal examination also, for which the fee is $10.

Idaho.

Idaho has recently passed an examining-board law providing for the appointment of a single state board. A diploma is requisite to examination but carries with it no right to practice without examination.

Illinois.

Illinois requires a diploma from a college in good standing with the state board of health, whose vising or registration requires a fee of $5, or a certificate of qualification issued by the state board of health after personal examination of the applicant, for which the fee is $20.

Indiana.

Indiana has recently passed a medical law providing for a board of registration. A diploma from a duly recognized medical college secures license to practice upon payment of a fee of $6, the board vising and verifying the validity of the diploma. Applicants not possessing diplomas from recognized colleges may secure license by passing a personal examination, for which a fee of $25 is required.

Indian Territory.

Indian Territory requires in the Cherokee nation an examination by a board of medical examiners; in the Choctaw nation, a certificate based upon a diploma or upon an examination by the board of medical examiners; in the Creek nation, the payment of the annual license fee of $25 is all that is required.

Iowa.

Iowa recognizes the registration of a diploma from a legitimate college, which shall be vised by the state board of medical examiners and for which a fee of $2 is required. Non-graduates may also be licensed by passing examinations and the payment of $10.

Kansas.

Kansas requires the recording of a diploma from a legally conducted medical college, or a certificate of qualification from some legally chartered state or county medical society within the state.

KentucKy.

Kentucky requires a diploma from a reputable medical college legally chartered under its laws or a diploma from a reputable and legally conducted college of some other state endorsed by the state board of health, the fee being $2.

Louisiana.

Louisiana demands an examination by one of two boards—that of the Louisiana State Society, allopathic, or that of the Homeopathic State Society, for which a fee of $10 is required.

Maine.

Maine requires a personal examination before a state board of registration. The validity of the Maine law is now being tested in the courts.

Maryland.

Maryland demands that applicants be graduates of reputable colleges and that they also be personally examined by either the allopathic, homeopathic or eclectic board of examiners, for which a fee of $10 is demanded.

Massachusetts.

Massachusetts demands a simple and elementary examination by a board of registration, for which the fee is $10.

Michigan.

Michigan makes it necessary that an applicant shall be a graduate of a legally authorized college nd that he shall swear in his diploma, before any officer authorized to administer an oath, for which the fee is fifty cents.

Minnesota.

Minnesota requires a diploma from a regularly conducted medical college and an examination by a mixed state board of examiners, for which a fee of $10 is demanded.

Mississippi.

Mississippi demands a diploma from an authorized college and an examination by an allopathic board of examiners, the fee being $10.

Missouri.

Missouri requires a certificate of qualification from the state board of health or the presentation of a diploma from a college duly recognized by the state board as in good standing. For graduates the fee is $1; for non-graduates from whom examination is required, $10.

Montana.

Montana demands that candidates shall be graduates of colleges requiring four courses of lectures of six months each and an examination by the state board, allopathic. The branches for examination are set forth in the statute, but these may be enlarged upon as the boards deem advisable. The fee is $10.

Nebraska.

Nebraska issues a license upon the possession of diplomas from a legally chartered college requiring at least three courses of lectures of six months each, the vising fee being $5.

Nevada

Nevada issues license to practice upon presentation of diploma from a regularly chartered medical school.

New Hampshire.

New Hampshire is reported to have just passed an examination law providing for separate allopathic, homeopathic and eclectic boards of examiners. Candidates for examination must be legal graduates, for the diploma confers no right to practice in itself.

New Jersey.

New Jersey requires of the applicants that they shall be graduates of recognized colleges and that they shall pass a satisfactory medical examination before a board composed of five allopaths, three homeopaths and one eclectic, for which the fee is $25. Homeopathic and eclectic candidates receive separate examinations in materia medica and therapeutics by their own representatives on the board.

New Mexico.

New Mexico issues license upon certificates from the state board of health as to the validity of the medical diploma, the fee being $5. Examinations of non-graduates may also be made by the territorial board of health, the fee required being $20.

New York.

New York has three separate boards of examiners. Applicants must have a certain amount of preliminary education and training and must be graduates of regularly conducted colleges. They must have studied at least four full school years of not less than nine months each, including four satisfactory courses of lectures of at least six months each in the several years. In lieu of this last qualification the board of regents may, at their discretion, accept evidence of reputable practice for five or more years in connection with the possession of a diploma from a legally conducted college. The examination fee is $25. Licenses from other states whose standard is not lower than that of the state of New York will be accepted in lieu of examination, a fee of $10 being required.

North Carolina.

North Carolina demands a successful examination before a state board of examiners consisting of seven members appointed by the allopathic state society. Non-graduates may also be examined.

North Dakota

North Dakota requires an examination by a mixed state board of medical examiners, for which the fee is $20.

Ohio.

Ohio requires the presentation of a diploma from a legally chartered college and the payment to the mixed state board of registration of a vising fee of $5.

Oklahoma.

Oklahoma recognizes the diplomas of legitimate colleges, and also a certificate of qualification issued by a board of medical examiners to those who have been actually engaged in the practice of medicine for a term of not less than five years.

Oregon.

Oregon demands an examination by a mixed board of examiners for which a fee of $10 is required.

Pennsylvania.

Pennsylvania has three separate boards of examiners. Applicants must be graduates of colleges demanding three regular courses of lectures in different years. The diploma does not in itself confer the right to practice. The examination fee is $15.

Rhode Island.

Rhode Island demands a diploma from a reputable and legally chartered college, indorsed by the state board of health. Non-graduates may pass an exmination, for which $10 is charged, before the state board of health.

South Carolina.

South Carolina licenses upon verification of a diploma from a reputable college, the fee for which is $5. The board is wholly allopathic and is understood to recognize only allopathic diplomas.

South Dakota.

South Dakota demands an examination by the state board of health, allopathic, for which the fee is $10.

Tennessee.

Tennessee issues licenses upon the presentation of diplomas from a reputable college, or a certificate of qualification from the state board of medical examiners. The verification of the diploma costs $1; examination $10.

Texas.

Texas recognizes the diplomas of reputable colleges but there are also district boards of medical examiners. Fees cannot be collected by law unless the practitioner possesses a certificate from one of these district boards; but in all other essentials the diploma is all-sufficient.

Utah.

Utah has a state board of examiners, appointed from the various schools of practice, who shall examine all applicants, whether graduates or not, upon the payment of a fee of $15.

Vermont.

Vermont recognizes the diploma of a legally chartered college which has been indorsed by the state board of medical censors, no fee being required.

Virginia.

Virginia has a state board of examiners, consisting of one member from each congressional district, recommended by the allopathic state society and two homeopathic members nominated by the homeopathic society, which board examines all candidates for the right to practice, only graduates from reputable colleges being eligible, the fee being $5.

Washington.

Washington requires a certificate from a mixed board of medical examiners, only graduates being eligible to examination, the fee being $10.

West Virginia.

West Virginia requires an examination before its state board of health, no definite preliminary education, either academic or professional, being required. If the applicant be a homeopath or an eclectic physicians from his particular school of practice may be called to the assistance of the state board to examine him in materia medica and therapeutics. The fee is $10.

Wisconsin.

Wisconsin has just passed a medical law creating a state board of examiners whose duty it shall be to vise diploma and pass upon their validity and to examine applicants not possessed of diplomas from colleges accounted reputable.

Wyoming.

Wyoming recognizes the diploma of a regularly incorporated college in good standing, which must be registered with the county clerk in the county in which the applicant locates.

Summary.

It will be noted that New Hampshire, New York, New Jersey, Delaware, Maryland, Georgia, Florida, Maine, Arizona, Connecticut, and Louisiana have separate boards of medical examiners.

Ohio, Indiana, Michigan, Wisconsin, Missouri, Colorado, Texas, Nebraska and Illinois have recently defeated efforts at the enactment of laws requiring examinations of graduates possessed of reputable diplomas.

Illinois, West Virginia, Colorado, Alabama, Arkansas, Indiana, Iowa, Kansas, Missouri, New Mexico, North Carolina, North Dakota, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas and Vermont permit of the licensing of non-graduates in medicine upon the passing of an examination before the properly constituted authorities of the state. In some instances these are state boards of health; in others, state boards of examiners; in still others boards of censors of state societies, and in some other boards of censors of county societies.

We have not the space in this connection to enter into an exhaustive analysis of these various laws, and to show wherein they are ineffective in some instances and unnecessarily restrictive and detrimental to the best interests of the profession in others. It surely cannot be held, however, by any friend of the examining board plan of control, as operating in those states in which examinations are conducted, that the plans at present followed—taking them all in all—can in any considerable degree be held as elevating to the standard. In but few of the states in which examinations are required is it even demanded that the candidate shall be a graduate in medicine. In many of them licenses may be issued by state boards to persons who have not shown evidence of medical college and hospital education and training at all. This cannot but be lowering to the standard of the profession rather than elevating.

On the other hand, it seems almost criminal that states like Illinois, Ohio, Indiana, Kansas, West Virginia and some others that might be named issue licenses to practice medicine in these days to men and women who are not graduates of legally chartered, regularly conducted and duly recognized medical colleges. Right here there is chance for improvement. No board of examiners or state board of health should be given authority by any state in this union to issue license to practice medicine and surgery to any man or woman who is not regularly graduated from a legally chartered and reputably conducted medical college. This is an evil which can be easily remedied, without at the same time working an unsual hardship upon that vast army of members of the profession who have spent their time and money in acquiring a legitimate medical education, and who now protest against having whatever of value their diplomas may possess unto them being destroyed by the enactment of examining board laws which shall reduce them to the level of those men and women who assume to be physicians and surgeons who have not pursued the proper courses of study and training in colleges and hospitals.

That there should be a difference made between these two classes of people, that they should not be reduced to the same legal level, that they should not all be classed alike as pretenders, should go without saying. Let us during the years before us make careful analyses of the medical laws of the various states, as briefly outlined in the foregoing list, and see if it be not possible to agree upon some form of medical legislation which shall be amply protective of the best interests of the people and the profession, without at the same time working unnecessary hardships and restrictions upon the legitimate physician whose reputable diploma should be, as in all times and ages past, allowed to possess a value and character implying something more than the mere value of the parchment upon which his certificate of qualication has been written. And especially let us see if it be not possible to so systematize our medical laws that there shall be a degree of uniformity that shall make us all medical Americans rather than only medical New-Yorkers, medical Illinoisans, medical Texans and medical Californians.

Correspondence.

INTERESTING LETTER FROM THE OLD WORLD.

Homeopathy on the Continent—Eichhorst, Kocher, Saale and Oertel.

Vienna, Austria, July 31, 1897.

Editor Medical Century:

A few days before I left home I met an allopathic physician who had learned that I was going "abroad," and after a short conversation on Hahnemann and his psora theory he said, "Well, Doctor, you will not meet any homeopaths across the water. There are some so-called homeopaths in this country, but none on the Continent." We are painfully aware that they are few and that they have to contend with great difficulties in England, Switzerland, Germany and Austria, yet in all these countries we are represented. In beautiful Zurich, Switzerland, I took the time to look up the homeopaths. In that city of about one hundred and fifty thousand inhabitants, there are three, all doing splendidly, despite the fact that they have no State recognition. I took the liberty to first call on Dr. Oberholzer, who had many patients waiting and others coming in while I was waiting my turn. On handing him my card he ushered me into his beautifully furnished parlor and immediately arranged for an informal reception to meet other homeopaths. He told me that they had all the business they could attend to and that more homeopathic physicians ought to be there. In the course of a brief conversation be said that many young men started out with the intention of becoming homeopaths but when they had finished their courses of study in the old school they thought that practice sufficient. However, after some years of practice some of the theories taught them fall to the ground and later in life they adopt homeopathy. This course naturally diminishes the number of homeopaths.

The fact that homeopathy has made such strides in America, and that it has so permanently established itself, has to a certain degree encouraged homeopathic physicians on the Continent. While here homeopaths are entirely ignored and have no standing with the older school of practice the public regard them as highly as they do the allopaths, because they are aware that the former are as thoroughly educated as the latter.

Zurich is the seat of the Zurich University, where the well-known teacher and author, Dr. H. Eichhorst, is Professor of Internal Medicine. When I was introduced to him he glanced at my card, then at me, and asked, "Sprechen sie Deutsch?" to which I answered "Ja." "Dann ist Ihnen geholfen" (you are all right), he replied. He was just ready to begin his rounds in the hospital and I was invited to ac-

company him. After that work was finished he gave a clinical lecture in the amphitheater on the diagnosis, symptomatology, etiology, and treatment of the various forms of paralysis. His discourse was exhaustive, clear, the teacher dwelling at length on the differential points. When he came to the treatment he said very little.

A striking feature of the class was the large number of women, possibly one-third. The fact that Switzerland is the only country on the Continent that admits women to the medical department accounts for such a large number of women medical students in the Swiss Universities. They come from all parts of Germany and Russia.

In Berne, much smaller than Zurich, there are also three homeopathic physicians, all doing well. In Basel there are four. The total number in all of Switzerland is about twenty—a small number compared with the States.

In Berne there is also a State University, where the famous Dr. Theo. Kocher is Professor of Surgery. I had the pleasure of meeting him and hearing him lecture. I also saw him operate a number of times. Brain surgery and operations of the stomach he seems to favor. In cancer of the pylorus he operates early and claims good results. He dwelt upon the importance of physicians diagnosing the disease in the early stage and advising early operation. From the immense Hospital and Polyclinic he finds abundant material for demonstrating his cases. He is a hard worker. He begins his work in the hospital wards about seven a. m., and his operations and clinical demonstrations about nine, continuing until about one p. m. each day, except Sundays. Besides the work in the University Hospital he also has a private hospital. His private rooms during office hours are crowded, and those not seen by the close of hours are not seen until the next consulting hour. He attends to his literary work in the evening after eight. He is a man of unusually pleasing address; a smile can always be seen upon his face. There has just been published a new edition of his surgical work in the German language. The author is not pleased with the English translation of the old edition.

In a recent discourse on the Therapeutics of Tuberculosis, by Dr. Saale, Professor of Internal Medicine, I was interested as well as amused. Among other things he said that all methods and remedies so far employed were ineffectual—Koch's old tuberculinum included. He thought that the new tuberculinum Kochii, however, had great possibilities. He said that the method of development, the minute doses, almost infinitesimal, which are used, the emulsifying and triturating processes necessary for its development, certainly resembled homeopathic therapeutics. He said that the good which would come from the use of the remedy could not be attributed to any antiseptic contained in it, as there was no antiseptic used as in the antitoxin serum. Only glycerine is used in the tuberculinum solution.

In Munich, the old Bavarian city, noted for its "Konigliche Hof-Brau," rather than for homeopathic physicians, there are eight homeopaths, three of them well established while the other five are doing as well as many of the other school. Judging from the thrifty appearance of the "Central Homeopathic Pharmacy" of that place, I would conclude that homeopathic physicians in and about Munich patronize homeopathic pharmacies. In other cities where there are no homeopathic pharmacies regular pharmacists keep a full supply of homeopathic remedies in apartments remote from the regular supply. In Zurich, Vienna, Paris and other cities this rule prevails. In a conversation with the proprietor of the pharmacy at Munich he said that in spite of the many difficulties in the way of the progress of homeopathy he thought they were more than holding their own.

The death of Dr. Oertel, which occurred during my stay in Munich, created considerable feeling among medical men.

S. R. Geiser, M. D.

Cincinnati.

The validity of the Maine medical law is being tested in the Supreme Court of that state. This bill is styled a medical registration bill, but it gives to the board of registration the right to examine candidates for the practice of medicine in the state of Maine. The point raised in the inquiry is based upon Article I., Section 10 of the Constitution of the United States, which declares: "No state shall pass any ex-post facto laws nor any laws impairing obligations or contracts." The charter of the Maine Medical school, for instance, is a contract between the state on the one part and certain individuals on the other. This charter or contract confers on the corporate body known as the Maine Medical School the right to teach scientifically the art of medicine and surgery, and grant diplomas conferring the degree of Doctor of Medicine, with full authority to practice, to candidates who have completed the prescribed course of study. Hence the question arises, Does not the law requiring its graduates to be reexamined before they can lawfully practice impair obligations or contracts as expressed in the charter of said school? Exactly the same question applies in Illinois. In the charters of the Hahnemann Medical College and Rush Medical College these institutions are granted the privilege of issuing diplomas to qualified candidates, which shall give them the right to practice medicine in this state. Were either of the examining board bills recently before the legislature of Illinois to be passed this clause of the charters of these colleges would be violated, and it is believed that the entire medical law would be pronounced unconstitutional in consequence. As a rule medical men are not given to investigating these delicate yet critical points. Blunderbuss bills are shot into legislatures from the mouths of our human howitzers without proper attention being paid to the common laws of the land in their framing. The outcome of the Maine test will be watched with interest.

Dr. George H. Deacon, of Lima, Peru, is steadfastly manifesting a watchful care over the interests of homeopathy in that far-away South American city. He succeeded, in 1895, after a most spirited debate, in securing the passage through the Peruvian congress of a bill giving to homeopaths equal rights with the allopaths of that country, which was vetoed by the president. Last year the veto was rejected by the senate, after a full discussion, by a vote of twenty-two to nine. The lower house then took it up and the committee to which it was referred gave a favorable report thereupon, but the house had not got around to its thorough consideration when adjournment time came. The next session convened on July 28th, and in a letter to Dr. Stewart, of Cincinnati, Dr. Deacon expresses confidence that from the favorable discussion the measure has already received it will be passed and he will be placed on an equal footing with the old school. It takes courage to fight such battles single-handed and alone, and if Dr. Deacon wins out, as he deserves to and probably will, lasting credit is belonging to him.

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SEPTEMBER, 1897.

Editorial.

YELLOW FEVER IN THE SOUTH.

The appearance of Yellow Fever at Ocean Springs, Mississippi, will be a severe blow to the southern states, who have come to look upon the disease as extinct in this country. Since the early part of August there has been prevailing in that neighborhood a disease which has attracted the attention of the local and state health authorities, the consensus of opinion, after thorough investigation, pronouncing it dengue, or break-bone fever. During the first days of this month, however, severer symptoms were manifested, even a few fatalities occurring, in a disease which carries with it practically no mortality, and more recent investigations, including those made possible by autopsies, have developed the fact that that yellow fever has "crept in upon" the dengue and that an epidemic is possible. Already deaths have occurred at points quite remote from Ocean Springs, including at least one in New Orleans, now attributed to yellow fever, in each instance the subject having been a summer visitor at the original starting point or having come in contact with people who had been there and who were subsequently ill, supposedly from dengue.

The aspect is serious. For while the assistant surgeon general of the United States proclaims the season too far advanced for danger it is still a fact that several of the most serious epidemics the south ever suffered appeared as late as the middle of September. It is also serious because there have been above six hundred cases of this supposed dengue. Perhaps all of these were dengue. But the close similarity between dengue fever and mild yellow fever justifies the fear that perhaps a good share of this large number of cases were, after all, mild cases of yellow fever. We do not recall that there has ever appeared a sweeping epidemic of the severer disease in the south without the previous existence of dengue for a period of weeks. Whether the one grows out of the other under favorable conditions is not definitely known. But it is known that the milder nearly always precedes the severer, and that great danger presents just here because the line of demarkation is not pronounced. In fact, Falligant, one of the best authorities of this country on these paludal fevers, holds that the cause of the two is very much alike, and that there may be such a commingling of etiological factors as to make it absolutely impossible to differentiate between them and to know when the one is going to be followed by the other, even though they may appear as separate and distinct diseases in different seasons and in different climates.

The assurances from Washington, as given in the daily press, that there need be no fear, that the disease can be easily handled by the government, that quarantine will stop it at Ocean Springs, etc., sounds too much like twaddle to be treated seriously. Several thousand people congregate at that resort every summer. Six hundred or more suspicious cases have occurred during a month past. Deaths have already followed at several points, autopsies clearly showing yellow fever. The germs are carried in fomites and have doubtless been widely scattered by this time. The season is ripe for yellow fever and will be for at least two months yet in the infected district, frost rarely appearing there before November and occasionally not until December. The government and the state quarantine officials cannot take charge with too great alacrity nor can they be too thorough in their efforts to hold the possible epidemic in check. Meanwhile, let no physician coming in contact with a possible case be deceived on the wrong side. A calm, courageous, determined effort to save the south from the destructive ravages of yellow jack may be successful. But prompt, efficient and thorough measures are demanded by the seriousness of the situation.

A COUNTRY DOCTOR'S VIEW.

The meeting of the American Institute of Homeopathy in June is not being universally commended. So far as we were able to observe while at Buffalo it was accounted a fairly representative one. True, the business meetings were held at the usual unseemly hour, when most of the members were at breakfast or reading the morning papers, vainly hunting for something adequate in the way of a report of the work of the previous day, and were not, therefore, largely attended. But this has been the case for these many years, and has furnished no little cause for complaint in the past. It has enabled a faithful early-rising few to shape the business policies of the body without it being their fault, and this will continue to be the case so long as the executive committee arranges to have the business of the Institute transacted at an early session. On the whole, however, we were impressed with the belief that the

Buffalo session was an interesting, practical and enjoyable meeting.

Now comes other testimony. The Minneapolis Medical Magazine for the current month has a story all its own. After noting the fact that the journals generally have, with perennial custom, pronounced the meeting good, it essays to feebly voice a doubt about its complete success. Its first utterances are characterized by temerity. It fears the sharpest censure if it speaks its sentiments. But as it warms up to the subject it becomes bolder, and ere it is done some plain things have been said, and well and in many instances most truthfully said, that will bear pondering.

Perhaps the first thing it voices pointing toward criticism is reference to the "kaleidoscopic character of its general attendance." It points out that comparatively few, "speaking of the rank and file of the profession," attend many years in succession. The reason for this state of affairs is best given in its own words. "Young men and young women recently graduated, filled with an undying ambition to find fame and glory in rubbing against the older and abler minds of the profession, spend their valuable time and, mayhap, borrowed ducats in an endeavor to get inside the sanctum sanctorum of our great national body. They seldom get there, however. They join the Institute. They get inside the outer door. And there they are permitted to kneel and wash the feet of the greater brethren who constitute the 'powers that be.' They may enjoy this pleasing arrangement for a time, but usually they grow tired of it in a few years and conclude to quietly stay at home and attend to their business. Their places are filled by other ambitious souls, and thus the Institute moves onward. Thus it is that those who enthusiastically joined yesterday are lukewarm to-day and will stay away to-morrow. Meanwhile the few who hold the reins drive merrily forward. Great is the American Institute, and they are its divinely chosen prophets!"

In a measure the Magazine is right; in great measure the Magazine is off its base. There are a few self-appointed "prophets"—and their names need not be spelled out here; they are known of us all—who "run" things at the business meetings and account themselves "the whole thing." If they couldn't hear their own voices resound throughout the meeting halls from meeting to meeting they would go home disgruntled and account the session a failure and the Institute would be going to the demnition bow-wows. We know them well; there are not many; and thank a good providence their places are gradually being filled by men fully capable of filling them. But to them these business meetings, held at unseemly hours, when only the officers and the man with an ax are in attendance, are the whole Institute. Little do they care for the scientific sessions; with them the healing of the sick is of little or no importance; church politics and lodge politics and medical society politics are their meat and drink. Let them alone. The "country doctor" would not do the business they delight in doing if asked to; it has to be done; someone has to be on hand to do it; the executive officers have settled with demnition obstinacy on the wee sma' hours as the only ones in which it may be done. Let them alone, we say. The "rank and file" of which the Magazine talks don't go to the medical meetings for the business work of the sessions, but, rather, for the scientific work. And the "prophets" don't care a fig for this department; hence give them their nubbin and let them grub away at it while the rest of us learn more about how to cure the sick and carve the wounded.

But, just here the Magazine finds another bunker. "Often has the charge been made that the Institute is a body run by and for the medical colleges. * * * The college professor of to-day is ubiquitous. He is not by any means shy. Nor is he at all coy about making himself seen in public. Perhaps he may hail from some school which is but a fungus growth upon the body medical, but that trifling fact does not make him at all bashful. He lives in a big city, ergo he is a great man." The inference is plain. In fact, further along the Magazine says it outright. The college men, in its view, take the floor, monopolize it, speak on every occasion, make themselves obnoxious, and the plain, country doctor, who plods along trying as best he may to cure the sick and who has whole armfuls of practical experience which he might relate for the benefit of his city brother did he have the chance to relate them, is relegated to the back benches and regaled with the wisdom and bombasticity and self-satisfaction of the college professors, to whom the Institute meetings afford the opportunity of the year for the exhibition of their much wisdom.

Let us see about this. For a good many years we lived among the country doctors. But few of them care to engage in discussions at medical meetings. They are modest men—Were we not at one time one of them and do we not know whereof we speak?—and prefer to sit at the feet of the great college professors and learn of them. Do they not attend post-graduate courses for this very purpose, paying their money therefor? And do they not buy the books the college men write and subscribe for the journals in which the college men's articles are to be found, and do they not send their difficult cases to these same college men, and do they not admit, freely and correctly admit, that these college men have opportunities for observation and study that they, the country men, do not have? And is it not reasonable to assume, therefore, that these country men attend the Institute for the purpose of learning and that they would go home disappointed if our college men, by far the great majority of whom are among the brightest and best men of the profession, taking them for their all in all, were to sit like bumps on a log during the entire session, with their mouths closed like clams and their ideas bottled up by a bashfulness to which they are naturally and by acquirement strangers?

We fear, Mr. Medical Magazine, that you are

straining at a very small gnat and gulping a very big camel. These college men are not to be tabood. We need them. Perhaps they need us. But we need them, and the annual meetings of the American Institute would be hardly worth attending did we not have Talbot, Helmuth, the Allens, Dudley, St. Clair Smith, Van Lennep, Pratt, Walton, Shears, Ludlam, Buck, Hawkes, Danforth, Leavitt, Mitchell, Sutherland, Boothby, Wilcox, and an hundred more like them whom we might name to give us their most excellent papers and enlighten us from year to year in their various specialties. No sir ee! We need the college men and must not say them nay. We cannot do without them. Nor would the country doctor wish to.

But then the Magazine falls into another error. "The plain, bald fact is, that our national organization offers a most uncongenial climate for our ordinary, all-around, plodding practitioner. He attends its meetings only to find himself summarily sat upon. The professional grand stand players monopolize the time and opportunity." Let us see about this. Is it true, or has the Magazine seen through a glass through its bottom?

Wright, the newly elected president, is not a college man; Green, the newly elected vice-president, hasn't a medical college in his state; Kinyon, he of the board of censors and one of the hardest workers and most faithful attendants upon the Institute, is not a college man; McClelland, everybody knows that he is one of the substantial supports of the Institute, isn't in a college; the Rands, of Massachusetts and Randon Rimes, are not connected with colleges, yet they are faithful attendants and always have their proper places in the sectional work; Millie J. Chapman is not a college man, nor woman, yet she is not an unknown and hard-sat-down-upon body that any one knows of; Bailey of Nebraska never warmed a college chair, yet he seems to be a recognized quantity; the Hanchetts, four of them, are all heard from, some of them very often, and they have been honored as much as other sectional chairmen and general disputants, yet none of them are college men; the editor of this journal was vice-president and a recognized active participant when he did not live within a thousand miles of a college; Van Baun bobs up serenely occasionally, yet he is not "Professor" Van Baun; A. B. Norton occasionally takes part in the proceedings, but no toga falls over his shoulders at commencement times; Park Lewis is not a non-entity, likewise DeWitt G. Wilcox, also of Buffalo; but neither of them ever played monkey under a mortarboard; Beebe, of Ohio, is likewise a regular attendant and participant, but the nearest he has ever got to being a college man is to be a member of a board that wants to "run" them all.

Break away, Mr. Magazine! We fear you are prejudiced. You don't attend often enough for the membership and the prophets that run things to know of your many virtues. If you did you would be in the meeting at every stage of the game. We know you, and know you deserve to be. Come oftener and touch the hem of the prophets' garments and they'll know you next time, too. But if you continue to hide your light under a Minneapolis bushel it will not be seen among men. Likewise with the country brother. There is need and place for all of them in the Institute. Come and be of us from year to year, and let us be of you and we will all be the better for the being. There is plenty of room and a rightful place for the reliable country doctor, you to the contrary notwithstanding.

THAT WORD "REGULAR."

The appropriation of the title "Regular" by the Hippocratic wing of the medical profession is an unwarranted assumption of legitimacy of professional standing to the exclusion of equal legitimacy upon the part of other branches of the profession, and should not be condoned by us in a general way and especially in an official way.

The Websterian definition of the word "regular" clearly entitles our school to its use if it is to be used at all. For it is defined to mean according to a fixed law or rule. The homeopathic school is the only one guided in the selection of remedies by a fixed law or rule, therefore it is justly entitled to the claim of being the only profession coming within the purview of the Websterian definition of the term.

But Homeopathy is satisfied with its title and is not ashamed of it; nor does it believe the Hippocratic school should be ashamed of its illustrious founder; nor does it believe it has any right whatsoever to lay claim to the title of being the "regular" profession, this implying that all the others are irregular, therefore out of the line of legitimacy. It is an assumption which should not be countenanced under any circumstances. The more especially should those homeopathic and eclectic physicians who are members of state boards of health or registration or examination decline most positively in the making up of the lists of the professions of their respective states to submit to the imposition of having ourselves classified as irregular by accepting the misapropriated classification of the old school.

It is noticed that the Illinois health board, the Ohio board of registration and other state boards giving lists of the physicians of their respective states classify them as "Regular," "Homeopathic," "Eclectic," etc. If the old school does not like the name "Allopathic," which Hahnemann ascribed to it and which is correctly applicable by virtue of its well-known attitude of treating disease by opposites, then let it at least accept the title of the "Hippocratic" school, which it clearly is and be satisfied with that.

There would be no objection to the use of the word "regular" did it not imply ignominy for us. But it does, and the allopathic profession intends that it shall. Therefore, if for no better reason, we should resent the interpretation they would place upon it and claim it for ourselves, as Websterians, or at least decline to officially accede to their desire to

brand us as irregular. Every self-respecting member of every public board in this country which has to do with the classifying of the professions should take a positive stand against the further misuse of this title.

OUR SPECIAL INSANE HOSPITAL NUMBER.

The special Insane Hospital number of the Medical Century issued in June is proving to be a valuable number, one likely to bear good fruit. At the Buffalo meeting of the Institute Dr. Hanchett of Omaha informed us that he had sent his copy to Gov. Holcomb, who has already interested himself in the subject of homeopathy in the care of the Insane, and that practical results were likely to follow from the showing therein made as to our present standing in this relation throughout the United States.

A correspondent from New Jersey writes us that when apealed to by the Hahenmannian Monthly to contribute his efforts toward the securement of an insane asylum in Pennsylvania he replied suggesting the free distribution of the Medical Century's special insane hospital number to the legislators and powers that be in that state, it being, in his judgment, a most excellent campaign document. It is not believed the correspondent referred to intended to arouse the journalistic envy of the Hahnemannian toward the Century, albeit not unlikely it was looked upon as just a trifle suggestive of advanced journalism; but the suggestion goes to show that even in the East the enterprise of the Century in issuing this special edition is appreciated and its value is understood.

And from far away California comes high compliment from those able to judge of the value of such a number. Dr. A. Stanley Dolan, assistant superintendent of the Southern California Homeopathic Hospital for the Insane, testifies his appreciation of the issue as follows:

"I have desired ever since receiving the June number to express my sincere gratitude and appreciation for the valuable copy you got out. The only thing that I regret about it is that all of our institutions did not have cuts in it, and that all the physicians who are engaged in the work did not appear.

"The article in the June number about the Southern California State Hospital is the best recommendation and the fairest article that has ever been written in any publication in regard to this place and ourselves since the organization of the institution. I want to thank you personally and for the institution. I expect that good will come to us and it and homeopathy because of the publication of your June number of the Medical Century."

Dr. M. B. Campbell, superintendent of the same institution, writes in appreciative words about the special number, while the staff of the Middletown hospital have also expressed themselves in terms of gratitude and commendation for the exhibition of journalistic enterprise and missionizing effort therein exemplified.

It is gratifying to know that good is likely to come unto homeopathy in the direction outlined by the issuance of the June Medical Century. This journal is published in the interests of the profession, and desires always to serve it to the best of its ability. It was and is a matter of regret that we could not have given more complete reports from the asylums under our control, but we did the best we could with the matter in hand after having exhausted painstaking efforts to secure reports and cuts from all of them.

Perhaps in the near future we may try again and be able to awaken those superintendents who were indifferent to the matter this time to a keener appreciation of the desires of their profession in this important relation. The June number was exhausted within a fortnight after its issuance, though several hundred extra copies were printed, the demand being greater than we have been able to supply. Campaign literature of this character cannot but bear good fruitage.

FIFTY YEARS A COLLEGE.

The "mother of homeopathic colleges," Old Hahnemann, of Philadelphia, will this year celebrate the fiftieth anniversary of her founding. In 1849 the first attempt at a homeopathic medical college the world ever saw was made at Allentown, Pennsylvania, the then home of a number of able pioneers who had come to this country from Germany and who had so spread the gospel of similia that they had formed about them a respectable nucleus for the undertaking. The prejudices then existing against us made the effort an extremely hazardous one But nothing daunted, and having reason for the faith that was in them, those courageous men set up a medical academy which developed into the splendid Hahnemann Medical College of to-day, with its able corps of professors and instructors, its magnificent properties, its extensive hospital and other clinical facilities, and its largest class of homeopathic medical students in the world, thereby making the continued growth and substantial prosperity of the homeopathic system in America possible.

It required such men as Hering, Williamson, Lippe, the older Helmuth, Guernsey and others of like faith in similia similibus curantur and general acumen and zeal to make such an undertaking a success. Not all of these were on the first faculty. But the early years of Hahnemann College were characterized by their determined efforts to overcome the opposition confronting them and thus make it possible for those who might wish to adopt the homeopathic system to do so and become educated therein without having to meet with the prejudices existing in allopathic institutions, and without having first to learn and then unlearn the less successful and less scientific methods in vogue in old school practice and institutions. So well did they succeed that they laid

deep and strong the foundation upon which has arisen the magnificent and successful Hahnemann Medical College of the present day.

It required courage, devotion and confidence in homeopathy and themselves to succeed in this momentous undertaking in the days in which those men lived. Now medical colleges are born in a night. Then hard work, and plenty of it, confronted the courageous hearts which struggled against the most intolerable and intolerant opposition imaginable. There were but a handful of them and the student possibilities of the yet pioneer profession were unknown. But they went ahead, guided by their convictions and their boundless faith in homeopathy and made the first homeopathic college of the world a living, educating, sustaining success. All honor to them and those who came after them!

Fifty years of honorable record as a homeopathic college is something of which to be proud. Hahnemann College will celebrate the event in fitting manner at some time during the winter term. The nature of the jubilee has not yet been determined, but it should be made commensurate with the importance of the event. The whole profession should join with the college and its friends in celebrating the semi-centennial of our first educational institution. Its founding marked an epoch in our history which is of the greatest importance to us all, whether we be alumni of this splendid institution or not. It is the event we should celebrate. Fifty years of educational effort in our own colleges, where our students have been receiving instruction and training how to cure the sick in the best possible manner known at the present day, without having had their minds poisoned by the bigotries, prejudices and ignorances of old-school faculties, who know homeopathy only to deride it, is an event of the greatest importance and we may all join in the celebration that Hahnemann College shall prepare with the utmost zeal and satisfaction. Let us congratulate "Old Hahnemann" and rejoice with her. Her past is ours; her celebration is ours; her joys are ours; her future is ours. She is not her own first homeopathic college, but our own. We rejoice with her and bid her God-speed as she goes on in the splendid work her early heroes so well and safely founded.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. C. G. Dwight has located at Wauwatosa, Wisconsin.

Dr. and Mrs. Emmet L. Smith are visiting friends in Ohio.

Dr. D. A. MacLachlan, of Detroit, spent his vacation in Canada.

Dr. J. P. Cobb, Chicago, spent his vacation in the vicinity of Macinac.

Dr. Philip Rice, recently at Marengo, Iowa, has located at Nashville, Tennessee.

Dr. M. J. Sample has opened an office at 42 East street, New Castle, Pennsylvania.

Dr. G. M. Dixon, of Sacramento, California, has recently changed his office to 610 K street.

Dr. Peter Deiderich has been elected dean of the Kansas City Homeopathic Medical College.

Dr. C. H. Vilas, dean of Hahnemann Medical College, Chicago, spent his summer outing in Alaska.

Dr. S. A. Jones, Ann Arbor, took a vacation in August among the lake summer resorts of Michigan.

Dr. S. G. Bush, of Chelsea, Michigan, is the latest comer upon the Medical Century's lists from that state.

Dr. Jacob Bieger, of Chicago, has changed his location from 207 Melrose street to 969 West Adams street.

Dr. Charles Zurmuhlen, a Pulte graduate of '97, has located in Evansville, Indiana, at 307 Read street.

Dr. J. C. Daily, of Fort Smith, Arkansas, paid the Medical Century a pleasant call the first part of this month.

Dr. E. Weldon Young, of Seattle, was an interested attendant upon Dr. Pratt's orificial class this month.

Dr. C. B. Kinyon, Rock Island, was an attendant upon the orificial course at the West Side college this month.

Dr. Hugh Pitcairn, of Harrisburg, Pa., has been appointed and installed counsel for the United States at Hamburg.

The Drs. Genius "outed" this year at Lake Harbor, Michigan, one of the northwest's most pleasant summer resorts.

Dr. E. Weldon Young, Seattle, visited Chicago the first part of the month, taking in the Pratt course in orificial surgery.

Dr. J. C. Sanders, Cleveland, is in better health than for a long time, and is again attending his consultation and special work.

Dr. Jean C. Chandler, formerly of Tacoma, Washington, has moved to Spokane, that state, and is officing in "The Rookery."

Dr. R. Milton Richards, Detroit, has removed his offices from 25 Washington avenue to the Shurley Building, 32 Adams avenue west.

Hahnemann Medical College, Chicago, has made needed and satisfactory improvements in its large amphitheater during the summer.

Dr. Mary Jones, Chicago, visited Las Vegas, New Mexico, last month and returns much pleased with the climatic advantages of that vicinity.

Dr. Harold Wilson, Detroit, reports his father, Dr. T. P. Wilson, Cleveland, as quite recovered from his serious injury and illness of last year.

Dr. W. H. Robilliard, a long-time friend and subscriber of the Medical Century, has moved from Arlington, Iowa, to Faribault, Minnesota.

Dr. W. H. Winslow, who has been abroad for a year in post graduate study at Berlin, Copenhagen and Vienna, returned to Chicago late in August.

Dr. George F. Shears, Chicago, has returned from his summer vacation and is again at work at his office, 3130 Indiana avenue, and at the hospital.

Dr. C. A. Pauly of Cincinnati attended the class in orificial surgery, brushing up on piles, pockets, papillae, bloodless hysterectomy, etc., the first of the month.

Dr. J. S. Barnard, Baltimore, has removed his offices to 2112 North Charles street, where he has also enlarged facilities for the care of private surgical patients.

Dr. H. E. Beebe made his usual pilgrimage from

Sidney, Ohio, his home, to the Pratt clinics and demonstrations, attending the orificial association the while.

Dr. C. E. Sawyer, Marion, Ohio, was an interested orificialist during the meeting of the Association of Orificial Surgeons at the West Side College and clinic. He is now President Sawyer.

Dr. H. W. Pierson, editor of the Hahnemannian Advocate, has been elected registrar of Dunham Medical College, vice Dr. E. T. Allen, who has moved to Arizona.

Dr. E. M. Hale informs the Century that a lady patron states that Canton, South Dakota, is a good opening for a competent homeopath. It should not go long unsupplied.

Dr. A. H. Tevis, has returned to his practice in Victor, Colorado, after a summer's vacation. Dr. Tevis writes us: "I may add that I very greatly appreciate the Century."

Dr. Osman Royal, Portland, Oregon, attended the orificial course at the Chicago Homeopathic College the early part of the month, doing other review work in the hospitals while here.

Dr. S. H. Knight, editor of the Medical Counsellor, Detroit, was away from home on his outing, in New England, when the editor of the Century called upon him last month. Sorry!

Dr. J. C. Fahnestock, Piqua, Ohio, presided over the orificial surgeons this year. He made a good presiding officer and delivered an interesting and instructive presidential address.

Dr. A. K. Crawford summered it on the coast of Maine. He has returned to his work invigorated and well done in that fashionable "nut-brown tan" so becoming to his style of beauty.

Dr. Wilson A. Smith visited his friends in Chicago late last month. He was in the city on a business trip conected with the late Medical Current, of which he was formerly an owner and editor.

This year the Pennsylvania state society will meet at Scranton, the third week of this month, with a large attendance expected. It has heretofore alternated between Philadelphia and Pittsburg.

Dr. G. S. Peck, of Denver, is visiting friends in Michigan. He called at the Medical Century office on the way through and reports Denver as reviving in business and in homeopathic prosperity.

Dr. S. H. Talcott, Middletown, New York, who has summered on the Massachusetts coast, near Cape Cod, has returned, with his family, to his asylum duties, greatly refreshed by his vacation.

Dr. T. Griswold Comstock, St. Louis, made his annual pilgrimage to Chicago the second week in September and was, as usual, an interested attendant at the orificial clinics at the West Side college.

Dr. M. Belle Brown, the efficient registrar of the Womans' Medical College and Hospital, New York, visited Chicago early this month. She attended the orificial course and the Association of Orificial Surgeons.

The consolidated Cleveland colleges present a strong faculty this year, having doubled the professorships in nearly every instance. The weeding out process will follow in due course of time, no doubt.

Dr. Frank Branen, of the Garfield Park Sanitarium, is now connected with Dunham Medical College as professor of pathology. The sanitarium is also named as one of the clinical institutions of the college.

The eleventh annual edition of Connorton's Cook County and Illinois State Medical Directory gives five-hundred-and-ninety-one as the number of homeopathic physicians practicing in Chicago and Cook County.

Dr. J. F. Beaumont, formerly of Minneapolis, but now of Chicago, was married to Mrs. Carrie R. Crane, at Milwaukee, on the 21st ultimo. They will be "At Home" at 1641 Michigan avenue, Chicago, after October 1st.

More Chicago physicians stayed at home this summer than ever before in the history of the city, and not from press of work, either. The medical profession generally has been having a hard time of it these recent years.

The neat sum of above $21,000 was subscribed as a Jubilee Fund for the purpose of sustaining a number of American beds in the London hospitals in perpetuity for the benefit of sick Americans in need of hospital attention.

The homeopathic college and the hospital at Ann Arbor are receiving thorough overhauling preparatory to the winter's term. When the present improvements are finished the buildings will be in better condition than for years.

Drs. Harvey Dale, Oshkosh, and Filip Forsbeck, Milwaukee, have been appointed by Gov. Scofield as the homeopathic members of the Wisconsin State Board of Registration and Examination. Excellent appointments, these!

The "Big Four," of Kansas City, is developing into a live medical newspaper. Although not coming to this office very regularly it usually contains what the local doctor delights in, plenty of news-notes about the local profession.

Dr. A. Stanley Dolan returned from his visit East in time to attend the Pratt course the first of the month, remaining in the city several days before going on to the Southern California Insane Hospital, of which he is assistant superintendent.

The Massachusetts Homeopathic Hospital is undergoing extensive repairs, especially in its operating amphitheater and surgical department, in order the more thoroughly to meet the requirements of present day knowledge in aseptic surgery.

Dr. A. Cuvier Jones, formerly at Colorado Springs, is now permanently located at Tuscon, Arizona, prompted to the removal by considerations of health. He will receive and properly look after pulmonary invalids sent his way during the winter.

The Monthly Homeopathic Review for April gives a very commendatory review of Washburne's Manual of Pathology. It does not approve, however, of the leaning of the author toward the theory of Heitzman as to the pathology of inflammation.

The death of Dr. Lusk, author of Lusk's Midwifery and president of Bellevue Hospital Medical College, occurred from apoplexy early in July. Dr. Edward G. Janeway has been elected president of Bellevue Hospital Medical College vice Dr. Lusk.

Dr. Oscar LeSeure, Detroit, spent his summer vacation at Mackinac Island and returns home ready to take up the arduous duties of his practice and Ann Arbor college work greatly benefited by the outing. It pays to take a rest once in a while in time.

Reports from Ohio indicate that the abundant crops now being harvested promise a good time for the medical profession of the Buckeye State in the near future. "There's a good time comin', and 'tis almos' here;" but it's been a long, long time on the way.

The right man, and none other need apply, may find it to his interest to address Dr. J. S. Martin, Muncie, Indiana, with reference to an association in practice. Dr. Martin being desirous of an ab-

sence of several months because of the ill health of his wife.

Dr. Donald McLean, dean of the California Medical College, was seriously shot late last month by a discharged employe of the college, who subsequently suicided rather than submit to arrest. Dr. McLean's wounds are serious and his recovery doubtful.

Dr. H. C. Aldrich, editor of the Minneapolis Medical Magazine, attended Dr. Pratt's special course in orificial surgery the second week of this month. While in the city he found his way to the sanctum sanctorum, paying the Medical Century an appreciative visit.

Dr. J. H. McClelland, of Pittsburg, and the United States, was an attendant upon Dr. Pratt's orificial clinics and made it a part of his duty while in Chicago to look after the Hahnemann Monument interests. The Medical Century acknowledges an appreciated call.

Dr. R. H. Stevens, surgical editor of the Medical Counsellor, Detroit, has held the fort for the summer during the absence of the editor, Dr. Knight. Dr. Stevens is largely responsible for the most excellent report of the American Institute meeting which appeared in that journal last month.

At the July meeting of the Texas Homeopathic Medical Association, held at Houston, Dr. Charles A. Wilson, of San Antonio, was elected president and Dr. M. J. Bliem, of the same city, secretary. Both are excellent selections; the society is sure to succeed under their chaperonage.

The annual meeting of the British Homeopathic Congress for this year will occur at Bristol on September 17th. The program will be announced later. As many of our profession as are on the other side of the water in September will find it to their profit and pleasure to attend the Bristol congress.

The Missouri Valley Homeopathic Medical Association will meet in fourth annual convention at Iowa City, on September 28, 29 and 30. The meeting promises to be attended by many prominent physicians from the Missouri Valley and adjoining states and to be one of unusual value and interest.

The new homeopathic insane hospital at Rock Island will be ready for the reception of patients very soon. Dr. Taylor and staff will be ready to receive them as soon as the buildings are ready for occupancy and will take care of them in a manner which will reflect credit upon homeopathy and themselves.

In Italy practitioners of other countries are privileged to practice among residents of their countries only. Here is a good chance for reciprocal medical legislation. Every dago doctor in this country should be barred from practice until Italy repeals such an obnoxious and senseless enactment.

Among those in attendance upon Dr. Pratt's special annual orificial course were physicians from all over the country—from Massachusetts to Washington. Spokane, Tacoma, Seattle, and other western cities were represented, the most eastern point covered in the attendance being New Bedford, Massachusetts.

The next really important medical meeting will be that of the Southern Homeopathic Medical Association to be held at Nashville, October 19-20-21, during the last month of the Nashville Exposition. There should be and doubtless will be a large attendance. The Southern Association is the American Institute of the South.

The report that Dunham Medical College, Chicago, is not recognized by the Indiana board of registration is reported to be a mistake. The error is said to have arisen from the fact that the "Dutton Medical College," of which no one has any knowledge, is declined recognition by that board. The names got mixed, it seems.

The second session of the Central Illinois Homeopathic Medical Association will be held at Bloomington on the 14th inst. The bureau of materia medica and clinical medicines, and that of sanitary science, histology and pathology will report at this session. The meeting will be held at the courthouse, convening at 2 o'clock p. m.

The Denver Journal of Homeopathy for August publishes a cut of the elevation of the new Denver Homeopathic Medical College and Hospital. It makes a good showing, and when completed it is easy to be seen our Denver friends will have a creditable and serviceable building. Such enterprise is deserving of the highest praise.

Don't forget the Missouri Valley Homeopathic Medical Society, to meet at Iowa City September 28th and 29th. This is one of the largest and best meetings in the west, attended by physicians from all the Missouri Valley states. Dr. W. A. Humphrey, of Plattsmouth, is president, and Dr. A. M. Linn, of Des Moines, is secretary this year.

Dr. J. Richey Horner, of the neurological department of the Medical Century, will remove from Middletown, New York, where he has been pursuing his studies and practice in the Middletown Homeopathic Insane Hospital, will remove to Cleveland on the first of October to take the chair of nervous diseases in the consolidated college.

Chicago's death report for July shows that diphtheria claimed forty-four victims, measles twelve, typhoid fever twenty-seven, whooping cough twenty-one, consumption one hundred and eighty-four, bronchitis forty-eight, pneumonia seventy-nine, appendicitis sixteen, enteritis one hundred and seven, and that one hundred and fifty-seven lives were lost by violence.

Dr. Arthur Douglas Patton, Montreal, and Miss Otilla Hansen, of Ottawa, were married on Thursday, June 17th, at Ottawa, and will be "At Home" at 64 Crescent street, Montreal, after September 1st. The congratulations of the Medical Century are cordially extended its Montreal correspondent and his bride. May all the good things of this life come unto them.

Dr. Eleanor F. Martin, the efficient secretary of the California State Society, has resumed practice, and is also engaged in conducting a branch of the Southern Homeopathic Dispensary, at South Park, San Francisco. As with her husband, Dr. George H. Martin, Dr. Eleanor F. is an ardent disciple of homeopathy and deeply interested in its growth and welfare the world over.

The courts of Canada have recently decided that in order to obtain a license to practice medicine in that country a man must be a British subject or become a naturalized citizen. Reciprocity might be made the order of the day for this country to good advantage. No one should be permitted to practice his profession in the United States without being a citizen by birth or by adoption.

The new Homeopathic Medical College of the University of Kansas City was granted full recognition by the Intercollegiate Committee of the American Institute of Homeopathy, without having to wait the usual year of probation. A determining influence was the character of the faculty and another and important one was the association with an established and endowed university.

A total of $131,000 has been given by the legisla-

ture of Pennsylvania to the various homeopathic hospitals of that state, distributed as follows: Hahnemann, Philadelphia, $50,000; Homeopathic, Pittsburg, $50,000; St. Luke's, Philadelphia, $10,000; Children's Homeopathic, Philadelphia, $8,000; Women's Homeopathic, Philadelphia, $8,000; Homeopathic, Reading, $5,000.

During a recent visit of the editor to Battle Creek, Ann Arbor and Detroit it was learned that the sentiment of the profession of Michigan is practically unanimous in favor of accepting the decision of the courts, the legislature and the regents in relation to the continuance of the homeopathic college on the Ann Arbor campus, and that the school will receive the support of almost the whole profession of the state.

The sixth annual announcement of Hering Medical College shows gratifying growth and prosperity as the portion of that institution. The faculty has been largely augmented and in some respects decidedly improved. The new college building fills the required necessities, and recently the college has been fortunate enough to attain additional and really valuable clinical facilities, particularly in the department of pediatrics.

Dr. W. A. Dewey, has been reappointed by the board of trustees as visiting Neurologist to Grace Hospital, Detroit, for the ensuing year. The staff left Dr. Dewey's name off because of his efforts in retaining the homeopathic college on the campus at Ann Arbor, but recognizing the value of his services the board of trustees declined to allow the college quarrel to be dragged into Grace Hospital. And right they were.

Dr. and Mrs. DeWitt G. Wilcox treated a select party of friends to a tally-ho and boat ride, with luncheon at one of the elegant club houses in the Niagara River, on the evening of Monday, June 27th. Dr. Wilcox also held a special surgical clinic at the Lexington Heights Hospital to which a number of members of the Institute were invited. A craniectomy for microcephalic brain was one of the operations performed.

The Brazilian Congress has offered the munificent sum of $220,000 reward for a discovery of the existence of a yellow fever bacillus and a specific remedy for the cure of the disease. The reward is to be divided into two parts, half for the bacillus and half for the cure. The correct application of homeopathic therapeutics leaves little to be desired in the latter field of work, and any good homeopath is entitled to the therapeutic half of the prize.

The Boston University School of Medicine has issued its twenty-fifth annual announcement and catalogue in which are seductively portrayed the advantages of that splendid institution. Boston celebrates her quarto-centennial simultaneously with the celebration by Philadelphia of her semi-centennial. Both institutions are great credits to themselves and homeopathy, and are deserving of the heartiest congratulations of the whole profession.

Dr. Paul Paquin, of St. Louis, continues to present arguments and statistics in favor of the serum treatment of tuberculosis by the serum of which he is the author. His latest is a reprint from the Journal of the American Medical Association of the paper he presented before that association at its Philadelphia meeting. The figures seem to justify him in insisting upon a thorough trial of the serum treatment by those prescribing according to serumtherapy.

In our enumeration of the homeopathic insane hospitals in June we failed to mention the Easton Sanitarium, Easton, Pennsylvania, under the superintendency of Dr. James P. Pursell. While not strictly an insane hospital yet the Easton Sanitarium receives this class of patients and reports a percentage of recoveries for the past three years of a clean eighty-five, perhaps as large a percentage of cures as can be correctly reported by any similar institution.

The death of our most worthy colleague, Dr. Carl Bojanus, of Russia, is anounced at a very advanced age. Dr. Bojanus will be remembered by all who attended the World's Congress of Homeopathic Physicians and Surgeons at Chicago in 1893, he having made the long trip from his home in Samara for the express purpose of attending that memorable congress. His death will be deeply regretted by all who had the very great pleasure of meeting him and his family at that time.

The New York Homeopathic Medical Society has postponed its semi-annual meeting until next month in order to favor the Pennsylvania state society with as large an attendance as possible. Some of our western states may pattern after New York with profit; for instance, Illinois, Indiana, Ohio, Michigan, Wisconsin, Iowa and others, in nearly all of which the societies meet about the same dates. Reciprocity and interstate courtesy may be observed with pleasure and profit.

Among those who were missed at Buffalo were Drs. Talbot, Orme, T. F. Allen, Grosvenor, Parsons, Buck, Helmuth, Richardson, Packard, Hawkes, Boericke, Burnham, and good old Dr. Rush. Among the ladies whose faces are familiar at Institute meetings who were not present this year we recall especially Drs. Julia Holmes Smith, Sarah J. Milsop and Lizzie Gray Gutherz. Of course there were others. In fact, the list of absentees was altogether too large.

The New York Medical College and Hospital for Women has issued a highly creditable announcement for the ensuing term, copies of which may be had by addressing the registrar, Dr. M. Belle Brown, 135 West 34th street, New York. Women engaged in the study of medicine cannot do better than to patronize their own college, now as well equipped as to faculty, clinics and equipment as many of our coeducational institutions. It should be made the pride of the women of the profession.

The Southern Journal of Homeopathy very sensibly suggests that a medical man once licensed to practice in this country should be entitled to practice in any state in the Union. It holds that it is quite un-American to issue a license good in only one state, and suggests that all licensure should belong to the general government. Just how far this will suit the wishes of the profession does not appear, but the plan undoubtedly would have great advantages over the present crazy-quilt custom.

Pulte Medical College has issued her twenty-sixth annual announcement, in which the college is shown to be in healthy condition, with an evenly balanced and faithful faculty—as good as the best—and with a large and growing list of alumni. The student who goes to Pulte makes no mistake, albeit there are colleges with more pretensions and perhaps some advantages she does not possess. But nevertheless and notwithstanding, Pulte's alumni always make a good showing because the character of instruction they have received is first class.

By a recent decision of the Supreme Court of Colorado the Medical Department of the State University will be compelled to remove from Denver to Boulder, a much less desirable clinical field. The

situation seems to be analagous to that in Michigan. Just what the effect will be upon the recently established chair of homeopathy and the homeopathic clinics being held in connection with the work of the medical department is not announced, but it is presumed it will greatly handicap the possible usefulness of the homeopathic clinical corps.

Pulte Medical College, Cincinnati, has undergone extensive repairs and improvements during the summer. New plumbing throughout, new hard wood and stained glass partitions in the clinic rooms, the latest system of heating and ventilating, with other needed improvements tell a story of thrift and prosperity Pulte's alumni will enjoy. Still other improvements are in contemplation and will be realized in the near future. Pulte's clinics are so concentrated and numerous as to make this one of the most practical of the colleges floating the banner of similia.

In the May issue of the "Nursing World" is to be found an address by Dr. Harlan Pomeroy, of Cleveland, delivered to the graduating class of the Huron Street Training School, in which appropriate credit is given Florence Nightingale for the important part she played in establishing the idea of the trained nurse for the sick and wounded. Dr. Pomeroy states that from 131 training schools two years ago the number has increased, in this country, to above 200, with more than four thousand students. There are now above fifteen thousand graduated nurses in the United States.

Dr. T. H. Bragg, formerly of Austin, Texas, died on June 25th at Guadalajara, Mexico, of phthisis pulmonalis. Dr. Bragg and the editor of this journal were in co-partnership in practice for more than two years in Austin, shortly after the deceased removed from Hamburg, Iowa, his former location. The deceased was a physician of more than ordinary ability, a former allopath and later a representative of Hahnemannian homeopathy as he understood it. His death will bring sorrow to the hearts of a large family and many hundreds of former Texas and Iowa patients and friends.

The bureau of Clinical Medicine and Pathology presented an unusually entertaining and instructive program at the meeting of the American Institute of Homeopathy, under the chairmanship of Dr. W. H. Hanchett, of Omaha, dealing solely with the subject of typhoid fever instead of distributing its energies over the whole field of medical practice. More than a dozen papers were read, encompassing the subject in a thorough and practical manner. This series is alone worth the price of membership and the volume of Transactions, in which the symposium and discussions will be found complete.

Hahnemann Medical College, Chicago, is out with her annual announcement, in which are set forth the claims of this college to the patronage of the student-timber of the profession. Of course, it goes without saying that Hahnemann, like Chicago Homeopathic, is proven by long years of service to be a first-class institution. No important changes are made in her faculty, her hospital advantages are excellent, her teachers faithful to the college and its every interest, this loyalty being one of the essential elements in her success, and the student who attends upon her course this winter may be accounted fortunate.

There has been a new health and building regulation promulgated by the District Commissioners which has in its provisions an anti-slum movement and a regulation preventing overcrowding, requiring sanitation and placing the tenements and work shops more closely under the supervision of the building inspector and the health officer. The new regulation is for the purpose of protecting the health and lives of those who work in crowded quarters. The commissioners have also issued an order prohibiting spitting in street cars, other public conveyances, and all public buildings under the control of the district.

A court in Kentucky has sustained the contention of the state board of health that practitioners of osteopathy come under the law regulating the practice of medicine and must show evidence of general anatomical, physiological, medical and surgical fitness for the work of their calling. Right! Osteopathy is a business, a profession if you will, and has no just claim upon the people of exemption from proper preliminary and general medical and surgical education. These acquired, osteopathy may be a safe and beneficial measure; but without them no efforts in the direction of the healing of the sick should be permitted as a business.

The Health Commissioner of Chicago has arranged for the publication in two of the daily papers for the reports of births, and offers the unusual inducement to the Chicago profession that the prompt furnishing of the names and dates of births coming under their care will be properly heralded. "Their enormous circulation, aggregating over 300,000 copies daily, give (gives?) wide publicity to this information;" therefore, doctors, if you would receive the exceedingly beneficial advertisement arising from the publishing to the aforesaid 300,000 people daily of the fact that you attended an accouchment last night just report it to the Health Office; that's all!

From Warsaw comes the announcement that the University there has just graduated a man in the medical department who receives his degree at the advanced age of seventy-five years. His name was Borysik and he was compelled to tutor for twenty years in order to get funds with which to carry on his medical education. At the end of the twenty years he, a man then of forty, threw himself into the Polish revolution and paid for his patriotism by thirty-five years in Siberia. In 1895 he received a free pardon and returned to Warsaw, where in spite of his age and hardships he again took up medicine. His diploma is the long-delayed result.

The Missouri Eclectic Medical Association has commended in a series of strongly worded resolutions the justice and liberality of Gov. Stephens in placing a homeopathic superintendent in charge of the Fulton Insane Asylum. It speaks for 750 Eclectics who have been made to feel the annoyance of allopathic intolerance. While not yet recognized in the state institutions they recognize the fact that the homeopathic profession has rights which should be respected, and heartily approve of Gov. Stephens' course in assigning us a state hospital against the most intolerant and bigoted opposition of which the old school profession has ever been guilty.

Hering Medical College seems to have gobbled some of the best and some of the poorest timber in the last year's faculty of the National College. Dr. J. T. Thompson has joined the surgical staff of Hering, Dr. J. D. George the opthalmological, Dr. A. G. Thome the obstetrical, Dr. O. B. Pierce the medical, and so on. The National seems not to be altogether disconcerted by the disaffection of the retiring members; in some respects Hering will be the beneficiary, in others it is doubted. Men who spell "made" "maid," and "possible" "possable," and who otherwise murder the Queen's English have no proper place in medical faculties these days, even if

they were formerly members of the faculty of the National. And there be men who were in the National's faculty, and there be men still in it, who do these things.

In the case of the so-called Illinois Health University versus the people ex rel. by Maloney, attorney general, filed at Ottawa April 3d, it was held by the court that "It is not consistent with the public policy of a state which enacts stringent laws for the preservation of the public health and the protection of its people from quacks and ignorant pretenders to a knowledge of the science of medicine and surgery, to authorize or permit a pretended health university to turn out any one, whether known or unknown, qualified or unqualified, into a doctor of medicine armed with a diploma and degree as one qualified to heal the sick, who may answer the prescribed list of questions and pay its subscribed fee."

Bradstreet announces approaching prosperity for the country generally. The Century already feels it. More new subscribers have been enrolled during the past thirty days than at any time within two years, and collections are decidedly better than for more than a year. The doctors over the greater part of the country write more encouragingly than for a long time, only the trans-Mississippi States being slow in admitting a better state of affairs. As their crops, which have been enormous this year, are harvested and marketed it is believed they, too, will feel the improvement. The Century looks for a prosperous winter and better times for the medical profession generally, for which "Allah be praised!"

The second annual announcement of the College of Homeopathic Medicine and Surgery of the University of Kansas City is issued as an integral part of the University catalogue. It shows a strong faculty of experienced teachers, including Drs. Jenney, Northrup, Forster, H. F. Fisher, the Elliotts, Hudson, Ravold and Harding. This is the new Kansas City college recognized as meeting the requirements of the Intercollegiate committee at the Buffalo meeting of the Institute. Both Kansas City colleges seem to be showing indications of prosperity. May they both prosper as they deserve—until they come together as one. A few marriages among our colleges would do no harm; nor can the courtships be begun too soon to please the profession at large.

The officers of the Wisconsin State Homeopathic Society are already out with a preliminary circular to their meeting of next May. Dr. P. P. Stiles, of Sparta, is president; Dr. Filip A. Forsbeck, of Milwaukee, secretary. The chairmen of bureaus are as follows: Pediatrics, Dr. Elsie Schmitz, Milton; surgery, Dr. Filip A. Forsbeck, Milwaukee; clinical medicine, Dr. W. B. Webb, Beaver Dam; ophthalmology, Dr. E. W. Beebe, Milwaukee; gynecology, Dr. B. C. Austin, Elkhorn; obstetrics, Dr. R. M. Nichols, Sheboygan Falls; materia medica, Dr. M. L. Ewing, Evansville. Dr. Evelyn Hoehne, Milwaukee, is corresponding secretary and the author of the preliminary circular. It is being learned that the women make good society secretaries.

At the last meeting of the Board of Health of Perth Amboy, New Jersey, the services of Dr. E. A. Hults, our homeopath and the board's inspector, were recognized by the casting of a ballot for an inspector at a salary of $600 a year, the result of the ballot being Dr. Hults' election by a unanimous vote. There was some question as to how long he should serve and the discussion which arose over it elicited some sound arguments in favor of long terms for public officials. If there be one thing more than another at error in our municipal and federal affairs it is the short term of office allowed to those who represent us. It was finally the sense of the Amboy Board that the longer a capable man remains in office the more capable he becomes and Dr. Hults was installed for two years.

The American Homeopathist suggests the possibility of the attendance at the Omaha meeting of the Institute of Dr. Richard Hughes, of England. Should Dr. Hughes decide to attend the Omaha meeting he will be most warmly welcomed by the profession of the United States. Heretofore his welcome has been made somewhat less generally cordial than it otherwise would have been by the fact that his visits have been prompted somewhat by a desire on the part of the profession he represents to get the Institute to put its hand in its pocket and assist in paying the expenses of issuing works of doubtful value to the profession at large. Without a scheme of this character—none of which has proven profitable in the past—the whole profession will join in doing him honor.

Sorry the "Clinique" will refer to the "snide" and "mushroom" colleges of Chicago from time to time. Not all babies of rapid growth are either snide children or mushroom infants. Time was when the college of which the Clinique is the official organ might well have been considered both a weakling and a marasmatic. It was organized, according to the late Dr. Hall, in a cellar, the chairman of the meeting sitting on a flour barrel while presiding over the organizing meeting. Be just a little more tolerant, Mr. Clinique! Homeopathy has no such institutions as "snide" colleges; at least those recognized by her Intercollegiate Committee are not to be so considered. Don't throw mud at the children; stretch forth a helping hand and help lift them along. Be nothing if not kind to your less favored fellows.

There has been a turning out of "chronics" at Cook County Hospital, and from newspaper reports, coming direct from the hospital, it is high time the eviction was practiced. Two hundred patients, or paupers, who had been posing from one to ten years, were ejected in one week. One of the evicted persons had been an inmate for ten years, others ranging in "terms of service" from two to eight years each. One of these men afflicted with "hospitalism" had two hundred dollars on his person, another thirty-five, another owned a solid block of ground in Chicago, and so on. It would seem that only the grossest carelessness upon the part of the medical staff and the officials of the institution would have admitted of these long-time abuses and that the eviction is a late-come exhibition of virtue and reform.

The Medical Advance is again a welcome visitor to the Medical Century's table. For a dozen or more years this journal was accounted one of our most valuable exchanges. We welcome it again, under the editorship of Drs. H. C. Allen and. W. H Hawkes, of Chicago. It is published by Dr. E. A. Taylor, at 70 State street. The first issue, which is a continuation of the Materia Medical Journal recently issued by Drs. Allen and Hawkes, contains a number of practical articles and one which will excite the credulity of some people, it being an alleged proving of the X-ray, by Dr. Fincke and others, of Brooklyn. We are assured by the editors that it is their intention to give the profession even a better journal than the old Medical Advance. If they do this they will be warmly supported. That journal was for many years one of the very best exemplars of the homeopathic materia medica published. The new

Medical Advance will devote special attention to this department of our art.

Gov. Barnes, of Oklahoma, has had the temerity to appoint a homeopath, Dr. Wilbur Hamilton, of Norman, to the vice presidency of the territorial health board, and now the allopathic society of the territory are after him, a la Missouri, for thus having given official recognition to our side of the medical house. Gov. Barnes employes a homeopath in his family and is of the opinion that what is good enough for him is good enough for the positions he has to fill. Will the old school never learn that they are not "the only pebbles on the beach?" It would seem that they have been told this often enough and have had to lose in so many disgraceful contests prompted by their hoggishness that they would ere this have learned that all legalized medical systems are justly entitled to the offices provided for by states, territories and municipalities.

The Medical Counsellor, Detroit, announces that applications are desired from Michigan, Indiana, and Ohio young women for entrance upon the Grace Hospital Training School for Nurses. The term is two years. Upon graduating candidates receive a starting fee of one hundred dollars. Applicants must be between twenty-one and thirty-five years of age, have a good preliminary education, be of good moral character, and possess other attributes necessary in their calling. Here may be an opportunity for some of our young women graduates in medicine, who can well afford to take a course in nursing as a requisite to good work in their profession. Or, perhaps some of those who have already engaged in the study of medicine can afford to accept these positions and qualify as nurses before receiving their medical degrees. Every doctor should also be a good nurse.

Dr. M. B. Campbell has been re-elected superintendent of the Southern California Insane Hospital for four years, his assistant, Dr. A. Stanley Dolan, having been also re-elected for the same period of time. The managers are democrats while Drs. Campbell and Dolan are of the opposite political faith, this indicating that their management of the hospital is so satisfactory that not even the political reasons which so often operate to bring about changes in management of public institutions can be made to be paramount to the excellent results obtained during their occupancy of their respective positions. The managers are to be commended for the justice and good sense manifested in retaining their excellent superintendent and his competent assistant, under whose management the asylum over which they have control has done so admirably.

The faculty of the Homeopathic College of the University of Michigan have scored another point. The regents have decided to have the subject of pathology taught in the college in connection with the chair of practice, instead of compelling the students to rely wholly upon allopathic instruction in this subject, and have appointed a very competent assistant to Prof. Hinsdale to teach pathology to the students in their own school. Other important privileges were accorded, also. In fact, the faculty seems to be able to secure from the regents all reasonable concessions for which they apply and the school seems again to be on the highway toward prosperity. It will be a source of satisfaction to all its friends to know that we are to have our teaching corps increased, and in the line of "scientific" medicine; the indications are that a wise and conservative policy will eventually secure for us a much larger faculty than we have heretofore had. Again, castigate the very epidermis off the first man in or out of that faculty who raises a contention about our school in Michigan!

The homeopaths of Florida have succeeded in defeating the old school's effort to secure the passage of a single examining board law. Circular letters setting forth objections to the measure were sent each member of the senate and house, and Dr. Stout, as president of the homeopathic board, appeared before the senate committee and stated our oppositions to the bill, the result being an indefinite postponement, the bill being thereby defeated beyond resurrection. If we but set ourselves against all legislation distasteful to us we can easily secure its defeat. It is only by giving quasi-acceptance of these old school measures in the various states that they are allowed to go through at all. We do not now recall a single instance where we have determinedly opposed examining board legislation in which such legislation has been enacted. We don't know what we can do until we try.

The Pittsburg Homeopathic Hospital admitted 1,716 patients during the year, of whom 1,491 were in whole or in part on the charity list. The number of days represented in residence at the hospital sums to the splendid record of 35,308, the charity patients recording 29,343 days of the amount. The daily average population was ninety-seven. There were 186 ambulance calls, but the police patrol wagons were in service to much greater extent, the hospital being so centrally located as to be in constant demand for emergency cases. This accounts in part for the large number of charity attendances. The dispensary attendances amounted to 14,445; there were 2,768 dressings applied and 223 minor operations performed in the dispensary. The expense of maintaining the hospital was $50,056.13, an average of $1.35 per diem per patient. Thirteen nurses were graduated from the training school on April 15th.

During the year 1896 there were received at the Rochester Homeopathic Hospital the sum total of 686 surgical cases, of which number 516 recovered, 46 were improved, 26 unimproved, 18 were not treated, 46 were remaining in the hospital when the report was issued, and among whom there were 34 deaths. The list covers ten pages in the hospital reports and is the most complete as to variety of surgical cases presented that has been noted in any recent report coming to our table. During this time there were a total of 779 operations, including 12 amputations of the breast, 20 appendectomies, 40 curettements, 10 Whitehead operations, 55 hysterectomies, 69 ovariotomies, 32 ventro-fixations, 44 amputations and 25 orthopedic dressings. Besides this aggregation almost every operation known to surgery was performed during the year. In the eye, ear and throat department there were 92 operations.

The homeopaths of Central Illinois have organized a local association which promises to be a useful society. The initial meeting was held at Bloomington, July 13th, with physicians present from Bloomington, Lincoln, Farmer City, Danville, Lexington, Mackinaw, Champaign and Normal. The society is styled the Central Illinois Homeopathic Association. Dr. Hallett, of Bloomington, was elected president, Dr. A. E. Braucher, of Lincoln, vice president; Dr. W. E. Neiberger, of Bloomington, secretary, and Dr. M. L. McIntyre, of Farmer City, treasurer. The next meeting will be held in Bloomington on Tuesday, September 14th McLean county alone has fifteen homeopaths, and ad-

joining counties are pretty well supplied; therefore, if the profession keeps up as well as it has started the Central Illinois Association will accomplish a great deal of good for homeopathy and its members as time goes on.

A recent writer on India, in touching upon the cholera manifestations there, says that the natives give spiritual attendance upon the stricken but offer little or no physical treatment. The water of the Ganges is given in small doses as a spiritual remedy. It is well known that many bodies of persons dead of cholera are thrown into the sacred rivers of India every year, and natives constantly drink the water of the river while cholera corpses are floating past, but do not contract the disease. The water of these rivers appears to be muddy, but a microscopical examination shows the mud to consist of fine particles of stone, whereas the mud of wells, under the magnifier, consists of bits of leaves, cloth, human skin and other matter of animal origin. Later researches of the holy waters and of the bottoms over which they run have led to the still more advanced opinion that the waters of these rivers contain some element that is deadly to the cholera microbe.

If there be a reader of the Medical Century who has a boy whom he wishes to send to an excellent military school, or who has a patron whose sons need the physical training to be had at a military school, the editor of this journal would like to personally call attention to St. John's Academy, at Delafield, Wisconsin. This school is called "the West Point of the West." It stands high as a military academy and also as an educational institution. Our son has attended this academy for three years and his progress in his studies and his physical development have been in every sense most satisfactory. The Academy is delightfully situated in one of the most salubrious localities in the beautiful hills of Wisconsin, near Milwaukee, away from the railway and the vicious influences of town-life. It is manned by an excellent corps of young masters, under the personal supervision of the president and his family, the surroundings being sufficiently home-like to satisfy reasonable demands, the military bearings being sufficiently pronounced to call for hearty commendation and approval.

It is a real pleasure to hear that the homeopathic management of the Fulton, Missouri, Insane Asylum is being applauded for the creditable manner in which it is conducting that institution. In a recent newspaper interview Mrs. F. H. Ingalls, a member of the Missouri State Board of Charities and Correction, tells of her official visit to the asylum in company with Dr. R. E. Young, an allopathic member of the same board, in which she has naught but praise for the asylum as being conducted at this time. She also states that Dr. Young, who was for several years superintendent of the Nevada Asylum, voluntarily expressed himself as being fully satisfied with the management, which he pronounced the best he had ever seen and a great improvement over the former managment of the asylum. This testimony is official, and part of it is from an allopathic source. Therefore, it is not to be discounted. The new superintendent and his assistants, as well as the homeopathic profession at large, are to be congratulated upon the success attending their occupancy of Missouri's largest insane hospital.

The friends of examining board-legislation have another back-set, this time in Texas. For many years the allopaths have been trying to create an examining-board law, with a single board, with themselves largely in the majority. Our friends have thus far been able to defeat such efforts outright. Finally, realizing that it is impossible for them to secure the enactment of any legislation to which we and the eclectics object they framed a bill providing for a mixed medical board, they to have four members and each of the opposing schools two members. Representatives of the allopathic, homeopathic and eclectic committees met in joint-conference with the senate and house committees on public health, and after slightly amending the bill in one or two features agreed that it was satisfactory to all parties, and the legislative committees reported it back favorably. But there it has lain and there it will lie. We are not anxious for such legislation, the eclectics do not believe in it, the allopaths do not seem to care to foster a measure which gives them only half the members of the board, and thus it is being allowed to wither and die. As a matter of fact, no one seems to want such legislation unless there be an ax to grind. So long as the allopaths think they can control they want it. Then when we think the state recognition thus secured will do us good and that we can force the old school to eat crow some of us want it. And then, when the eclectics see that the old school are after it and that the homeopaths will consent to it if they get a share of the plums they come out with their little baskets and want some plums, too. And thus it goes—always resolving itself into a question of the survival of the selfish.

NEW YORK NEWS-NOTES.

Dr. H. L. Shepherd has moved from Springfield, Massachusetts to Woburn, that state.

Dr. E. G. Tuttle expects to return on September 10th from his annual fishing trip in the Maine woods.

Dr. James Hallowell has located at Wayne, Pennsylvania. Dr. Hallowell was formerly at Philadelphia.

Dr. Hattie C. Van Buren has located in Brooklyn. Dr. Van Buren's former home was at Chatham, New York.

Dr. C. E. Libby, formerly at Dorcester, Massachusetts, has recently moved to Saxonville, that state.

Mr. Fox, manager of the Boericke & Tafel house, on Forty-second street, is back at his post after a vacation.

Dr. F. W. Hamlin spent his vacation in Amherst, Massachusetts, returning to the city the first of the month.

Dr. Phoebe J. B. Wait, of this city, is still absent from her post. Dr. Wait has summered at Westerly, Rhode Island.

Dr. L. A. Queen, who has been spending the summer at Summit, New Jersey, will return to the city the first of next month.

Dr. Edwin De Baun of Passaic spent the month of August and will spend a part of September at Nantucket, Massachusetts.

Dr. Bukk G. Carleton, 75 West 50th street, will devote his attention exclusively to genito-urinary diseases after October 1st.

Dr. D. G. Trembley, formerly of Lowell, Massachusetts, has bought the practice of Dr. George N. Butterfield at Ashland, same state.

On July 5th, Dr. Edwin De Baun of Passaic, N. J., entertained the State Board of Medical Examiners at the Arena, New York City.

Dr. Louis A. Queen is spending his vacation at Summit, New Jersey. He will return to his home at 114 West 85th street, on October 1st.

Dr. W. O. Fryberger, of Minneapolis, is in the city taking post-graduate work. Dr. Fryberger will remain until the latter part of September.

Dr. H. H. Baxter, of Cleveland, Ohio, was registered at the Waldorf during August. Dr. Baxter was en route home after a vacation outing.

Dr. Charles H. Mintsch, late House Surgeon of the Flower Hospital, has accepted the position of surgeon to the Chatelain African Expedition.

Dr. Irving P. Sherman, of 117 West 44th street, the New York editor of the Medical Century, is at present absent from the city on a much needed outing.

Messrs. Boericke, Runyon & Ernesty announce the speedy publication of a book on Nervous Diseases from the pen of Dr. J. T. O'Connor, of this city.

Dr. F. A. Boericke, of Philadelphia and Boericke & Tafel, has been reappointed to the Pennsylvania Pharmaceutical Examining Board for a five-year term.

Dr. C. H. Mintsch has resigned his position on the staff of Flower Hospital, and will shortly go to Africa as the physician of the Chatelain African expedition.

Dr. H. S. Hayford is at Jefferson, New Hampshire, where he remains until October 1st. After that date he will again be at his home in Portsmouth, New Hampshire.

Dr. St. Clair Smith enjoyed his trip to Europe immensely. Indeed, Dr. Smith enjoys everything immensely. During his absence his practice was looked after by Dr. Rudderow.

Dr. S. H. Vehslage, of 117 West 43d street, went to Europe in July and is still absent. He will return to his post about Sept. 12th. Dr. Vehslage is securing by this trip a much needed vacation.

Arrangements have been effected with Mr. E. B. Maynard of Ann Arbor to represent the Medical Century at the Homeopathic Department of the University for the coming scholastic year.

The new subscribers still coming on at this end of the line keep the Medical Century's files depleted. The June and July issues are in demand. Send same to this office and receive stamps and our thanks.

Dr. C. F. Ely, of Chicago, was in the city recently on a brief trip, combining pleasure and business. Dr. Ely, who had brought some patients with him, was en route for Watkins' Glen and other eastern summer resorts.

Dr. G. F. Wilbur, of Asbury Park; Dr. A. K. Baldwin, of Newark, and Dr. Edwin De Baun, of Passaic, have just been reappointed members of the State Board of Medical Examiners of New Jersey for a term of three years.

Dr. Charles W. Heywood of Bridgeport, Conn., was married to Miss Nellie A. Denison of Massena, N. Y., on July 27th. Dr. and Mrs. Heywood will be "At Home" after August 10th, at 188 Fairfield avenue, Bridgeport, Conn.

Dr. A. E. Ayler of Baltimore, Maryland, formerly at 418 Hickory avenue, that city, is for the present at the National Homeopathic Hospital, Washington, D. C. Dr. Ayler will fill an appointment in that institution for the ensuing year.

At the annual meeting of the State Board of Medical Examiners of New Jersey, the following officers were elected: President, G. F. Wilbur of Asbury Park; secretary, E. L. B. Godfrey of Camden; treasurer, A. Ubelacker of Morristown.

A few of the New York physicians are home again from their summer places and from hunting and fishing and cycling expeditions. For the most part, however, the doctors' blinds are still down and it will be all of October 1st before they go up.

Some of the New Yorkers who are still abroad will attend the International Congress for Neurology, Psychiatry, Medical Electricity and Hypnology, (hypnotism and suggestion), to be held in Brussels September 4-10. A large attendance has been bespoken for this meeting.

Dr. Thomas H. Winslow, who has been for the past year in Copenhagen, Denmark, writes the New York office of the Medical Century that he left Denmark for the States early in August. Dr. Winslow will upon his arrival here proceed to Chicago and locate at 659 La Salle avenue.

The editor of the Medical Century spent a week in New York immediately following the Institute meeting, in connection with the business affairs of the journal. A second visit will be made late this month or next, the growth of the Century's interests in the East demanding more frequent business visits to the metropolis.

During the recent visit of the editor of the Century to New York he spent a pleasant hour with Dr. Roberts of the North American, under whose sagacious business management the aforementioned journal has enjoyed an unusual degree of prosperity during the hard times. Dr. Roberts is "growing," and as time wears on its way will be found away up among the surgeons of the metropolis. Look out for him.

The thirty-eighth annual announcement of the New York Homeopathic Medical College and Hospital has been received. It shows satisfactory growth and material prosperity. There are not many changes in the faculty, among them it being noticed that J. S. Adriance, A. M., is professor of chemistry and Dr. George W. Roberts, of the North American, is demonstrator of operative surgery. Prof. W. S. Persall is the new professor of physiology and Dr. C. E. Peets is to lecture on laryngology and rhinology. The college and hospital buildings are in splendid condition, and a good winter's work is confidently expected.

Col. George E. Waring, Jr., commissioner of street cleaning in New York, contributes to McClure's Magazine for September an article showing that, by improvements in organization and method, a length of streets greater than the distance from New York to Chicago is now cleaned daily in New York without noise, confusion, or even dust, and at a constantly diminishing cost; and that thereby the expense of living and the liability to death have been greatly reduced, and the whole tone and character of the life of the city perceptibly elevated. Pictures of all the phases of street cleaning, from drawings and photographs, illustrate the paper.

John P. Haines, President of the Society for the Prevention of Cruelty to Animals, presented his report for last year. In 1896, 709 cases were prosecuted in court, against 952 in the previous year; 3,207 disabled animals were temporarily relieved from labor; 3,254 horses, mules and other service animals, disabled past recovery, were humanely destroyed; 73,197 small animals, homeless or past recovery, were destroyed; 583 disabled horses and other large animals were removed from the streets in ambulances; 37,635 cases were investigated, an increase of 15,945 more than in 1895; 27,587 dogs were received at the various shelters; 8,049 dogs were returned to their owners; 654 dogs were placed in desirable homes; 43,263 cats were received at the various shelters.

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Practice of Medicine.

TWO CASES OF REFLEX COUGH.

BY E. M. HALE, M. D., CHICAGO.

Sir Andrew Clark of London, Dr. Leaming of New York, and the late Dr. Morell McKenzie have called attention to a cough, caused by some irritation of the reproductive organs. Dr. McKenzie reported in the Lancet several cases termed by him "The Barking Cough of Puberty." Most physicians have met with cases of this cough which lasted for months, and only disappeared on the appearance of the menses.

The two cases I shall narrate occured in the same woman, but from different causes in the uterus.

Case I. A married woman, aged 30; the case came into my hands as a case of "Consumption." It had been treated as such by one homeopathic and one allopathic physician. She had been ill nearly three months, coughing violently for two months, and rapidly losing weight and strength.

When I first saw her her condition was as follows: Very much emaciated, having lost fort pounds; a violent racking, barking cough, day and night, preventing sleep; slight expectoration of frothy mucus, streaked with blood; temperature in the morning 101 degrees, in the evening 103 degrees, with profuse debilitating night sweats; often she had chills in the morning; vomiting of food frequently from coughing; constipation. Examination of the lungs gave no proof of tuberculosis. There was no dullness on percussion anywhere. The whole area of the lungs gave a tympanitic sound. Slight mucus rales were heard only in the large bronchi. On inquiry as to the menses I was informed that the last normal menstruation was three months previous. At the time when the next menses should have appeared there was only a slight flow lasting a few hours. At that time the violent cough commenced and she became feverish. There had been occasional discharges of blood from the uterus since that date, but she had not noticed any bad odor until within a few days.

An examination per vaginum showed considerable enlargement of the uterus, six or eight inches in length. The external os was open so that the index finger could be inserted but the internal os could not be entered by the finger.

My diagnosis was arrested pregnancy, but I could not elecit from the patient any cause for it. She denied having any drugs, had met with no accident or mental shock. This was her first pregnancy and she claimed a desire to bear children. I believed the fetus to be dead, because there is no record of such a cough complicating normal pregnancy. Nor could I believe that a purely reflex irritation could cause such an abnormally high temperature and the accompanying symptoms.

Codein ix was prescribed to alleviate the cough and she was ordered to take a copious vaginal douche of hot water every three hours. Twenty-four hours after I was called in the night to visit her. I found her flooding and nearly exsanguinated; pulse very weak and thready, surface pale and cold. I was informed that after each vaginal hot douche the flooding was increased, with severe labor-like pain. Strychnine, 1-60 grain, was given and an examination made. The vagina was full of clotted blood. Upon its removal fainting occurred.

Glonoine, 1-50 grain, was given and I proceeded to empty the uterus. A three months fetus, much sphacelated, was removed, then the placenta, black and friable. Hot water was injected into the uterus until it was thoroughly contracted. Then a teaspoonful of fluid extract of ergot with 1-30 grain of strychnine was given. A compress of cold water was applied over the hypogastrium. She was placed on the bed with the hips elevated and the head low. She coughed violently up to the time the uterus was emptied, but not once after. I remained several hours and left her in good condition. There was no more loss of blood and she made a good but slow recovery.

It is evident that in this case there were two factors at work. One a purely reflex irritation which caused the cough, which was spasmodic and closely resembled whooping cough; another, which caused the chills, fever and sweats, and was doubtless a septic poisoning from the decaying fetus and placenta.

Case II. This occurred in the same person two years after the above described attack.

She applied to me for a violent, spasmodic cough, which she believed to be whooping cough, as she had been exposed to that disease. The cough certainly resembled pertussis, appearing in paroxysms, each ending in spasm of the larynx, vomiting and exhaustion. This time the temperature was normal. All the symptoms corresponded to Drosera, which was prescribed in various dilutions for a week but failed to give relief. Belladonna, Ipecac, Cuprum and other remedies were given, but the cough was not benefited. Then it occurred to me that perhaps I had a uterine reflex cough to deal with.

On examination (digital) the uterus was found prolapsed and slightly retroflexed. The vaginal walls were sensitive to the touch. The speculum revealed a vaginitis with eroded spots, also erosions on the cervix, and some cervical leucorrhea.

She informed me that during the last six months the menstrual flow had been scanty and painful, but regular.

In order to test my theory of the reflex origin of the cough all medicine was discontinued. A cotton

tampon was saturated with a weak solution of Borated Calendula and placed so as to elevate the uterus. She was ordered to remove it in twenty-four hours and take a warm borax douche and herself apply another tampon before rising in the morning. In a few days she called and informed me that her cough ceased the next day after I applied the tampon. An examination showed a healthier condition of the vagina and cervix. She was directed to continue the same treatment for a week. At the expiration of that time I found a healthy condition, and the uterus was higher in the pelvis. Since that date, now several months, she has had no occurrence of cough or vaginitis.

In this attack the element of septic poisoning was absent, there being no rise of temperature, chills or sweats. It was purely a nervous reflex from uterine and vaginal irritation. There are many disorders of the nasal passages, the larynx, the cranial and facial nerves which are due to uterine or ovarian irritation, and we should be on our guard to detect such cases and avoid errors in diagnosis.

MICROSCOPIC EXAMINATION OF BLOOD IN SUSPECTED MALARIA.

BY GEO. W. HOPKINS, M. D., CLEVELAND.

Laveran's discovery of a definite micro-organism which is invariably present in the blood of malarial fever patients, must be regarded as one of the most valuable contributions yet made by bacteriology to clinical medicine.

The confusion in differential diagnosis between malarial and some other forms of fever, notably tuberculosis and syphilitic or septic infection, has caused every practitioner of wide experience much trouble, and his patients much suffering and loss of life which could be avoided were Laveran's "plasmodium" carefully searched for in the patient's blood. This is particularly true of tropical and subtropical countries, but equally true, though, of course, in a smaller class of cases, in nearly every country. Clinical and dead-room experience clearly reveals the fact that hundreds of malarial cases were long unrecognized, and that hundreds of others who have long been "dosed" for malaria never had that disease in any form. Nor have these errors been due to ignorance on the part of diagnosticians; for many times the most skillful and conscientious stumbled in their diagnosis before the microscope came to the rescue with evidence which was never shaken by subsequent events in the history of the case. This procedure, which was for some years regarded as experimental in character and of questionable value, has since secured the unanimous testimony of the authorities of France, India, Italy, Germany and America as to its invariable reliability, and it only remains for the profession at large to appreciate its significance in every day practice.

Classification and Description.

The organism found by Laveran belongs to a class known as protozoa and appears in differing forms under varying circumstances. At the beginning of an attack they appear as small, roundish ameboid bodies within the red blood corpuscles and are particularly plain if stained with a watery solution of methyl-blue. During the attacks these organisms induce changes in the corpuscles, causing the conversion of hemaglobin into melanin. After the attack the corpuscles are paler and have clumps of black pigment within them. This may go on to complete destruction of the corpuscles.

Golgi has studied the life-history of the plasmodium malariae with most interesting results. He found that the several varieties each possessed certain individual characteristics, and that all had certain characteristics in common. He found that each steadily progressed through a certain life-cycle which was consummated by segmentation into many others, and these, invading new corpuscles, kept up their work of destruction until the disease was stopped in its progress. Peculiarly enough, he determined that the stage of subdivision by segmentation corresponded always to the commencement of the febrile attack, and that in some the life cycle was completed every two days, while in others three days were required for its completion. Thus the former produced tertian, the latter quartan, and a combination of the two quotidian fever, spores of one kind being set free one day and spores of the other kind being set free the next day.

The best time at which to examine the blood is at the commencement of the febrile attack, when the granular segmentary organisms are very distinct and characteristic within the red corpuscles.

Method of Examination.

The method of making this examination is extremely simple. A small drop of blood, secured by pricking a finger-tip, is placed upon a cover glass and laid upon a slide having a drop of aqueous solution of methyl-blue upon it. The edge of the cover glass is then picked up and dropped a few times, thus mixing the blood and the stain quite thoroughly. The specimen is then ready for examination. Other methods are frequently employed, but this one is as simple and satisfactory as any.

While an oil immersion lens is to be preferred, the ordinary one-sixth inch objective employed for sputum examinations will fill every requirement.

These examinations are extremely valuable and readily clear up many a diagnosis which is enveloped in mystery.

TWO HIGH POTENCY CURES.

BY S. R. STONE, M. D., RHINELANDER, WISCONSIN.

The following cases suggest nothing especially new or startling; they are simply a triumph for high potencies.

Case I.—Entero-Colitis—Lycopodium.

Male babe, aet. six weeks, Entero-colitis. Parents have lost two children very suddenly from the same trouble.

The mother having a mild case of mastitis I ordered the child weaned and placed on a diet compound of cow's milk, water, sugar of milk, and phosphate of lime. Stools had always been green.

In a week after weaning diarrhea began, accompanied by tenesmus and colic, with a slight trace of blood in stool. Mercurius corr., 3x, gave instant relief from severe suffering, but the grass-green diarrhea (eight to eleven stools a day) continued, with slight tenesmus and colic; there was no vomiting; temperature normal, save on two or three occasions for a few hours at a time; eyes became sunken, stools slightly excoriating.

Arsenicum, Aloe, Podophyllum, Gamboge, Ipecac, Veratrum Album, Sulphur, Thuja, Iris, Chamomilla, Croton tiglium, Phosphorus, Pulsatilla and Secale, high and low, were given for ten days with no result other than to keep life in the little form. As to diet—malted milk, white of egg in water, barley water and boiled milk were used. Some days

the stools would be yellow, but they were watery at all times.

On the eleventh day at 10 a. m. the child became comatose and had a few convulsions; at noon I sent Opium and Helleborus, cc., which improved the condition somewhat, stopping the convulsive movements. At 6 p. m. the pupils were contracted to pin-head size and respiration and circulation were feeble. I gave a dose of Camphor 2x to be followed by another in two hours if no better. At 11 the child awoke, and was as bright as usual in the morning. I had previously asked in a general way about the urine, receiving a negative reply. The fact of slight aggravation in the evening led me to now ask a leading question regarding red sand on the diaper. It had been seen several times. Lycopodium, c. m., cured the case in forty-eight hours.

Case II.—Dyspepsia—Pulsatilla cc. and 10m.

Mrs. D., aet. 38, brunette, had Dyspepsia, dating back two years. She had been treated by a prominent physician of the old school.

The only symptons of importance I could obtain were: A feeling as if a lump were in the stomach after eating, to the extent of causing pain for several hours. She had dieted until she was nearly starved, eating only a little of the simplest articles of food. Has never eaten pork or fats because she did not like them. Pulsatilla, cc. and 10m., cured her in a month.

PRIMARY OR SECONDARY SYMPTOMS

In Selecting Heart Remedies.

BY T. C. DUNCAN, M. D., CHICAGO.

When a new remedial agent is presented to the profession some of our leaders should, as did Father Hering formerly, point out as early as possible how it should be used. Prof. Hale was the pioneer in the line of collecting all the facts about American new remedies. In an early day I assisted him, and like that heroic pioneer, the late Dr. Burt (peace to his soul), delighted to explore new territory. There are still new fields to investigate. Should not those who make a specialty of treating certain diseases of the body be the guides to the profession in their remedial management?

We have some new heart remedies offered to us. When and how shall we use them? Can we use the doses recommended by our so-calld "regular" friends? Here the views of Hering and Hale disagree to some extent. Hale recognized the dual action of drugs—a primary and a secondary. In his law of dose he thought that the large dose was similar to the primary action and the small dose similar to the secondary action. To illustrate, the primary action of Digitalis is to increase the pulse and heart action, while secondarily the pulse and heart grow weak. So he thought that he could see that the "regular" who gave a full dose (say 10 drops of the tincture) of Digitalis to a case with a high pulse "to bring it down" was practicing homeopathically. But the allopath found that even this sort of dosing was dangerous, for the heart became weakened by what he terms the cumulative action of the drug.

The problem before us is this: Can we follow allopathic guides? Let us see. If Digitalis first quickens the heart's action when in health and then slows it by depression it must act the same way when the heart is diseased, hence the allopath gives also something else to check this secondary action of Digitalis, and other drugs, and we are led into the fogs of polypharmacy if we follow this leading. The large dose man has to change his remedy.

What we want in the treatment of disease is to terminate it as soon as possible, to hasten the last stages or last symptoms or secondary effects. Is it not good reasoning to hold that a drug that will emphasize the first stage would thereby postpone and exaggerate the second stage, because this must follow as part of the drug effects? Then it seems to me that we should select only the secondary drug symptoms to match the "getting-well symptoms" of the disease, if we would practice strictly according to similia and scientifically. The gentle push of that remedy only is necessary to relieve the system. We should flank the enemy and hasten the exit of the disease. Experience has proven that the similarly acting drug in a small dose will do it most speedily.

The secondary symptoms are the only ones for the therapeutist to select. The Materia Medica man must, however, study both and all so as to point out the secondary ones for the therapeutist. Hence leading therapeutists have emphasized the curative symptoms characteristics.

Digitalis.

Of Digitalis, we read that it is Homoeopathic for "All heart troubles accompanied by an irregular or intermittent pulse; pulse small and slow" (Hawkes).

"Heart seems to suddenly stop, causing great anxiety."

"Weak, irregular pulse when lying down, or at rest," is characteristic and secondary.

On motion the action of the heart is increased; then we look for the above heart characteristic symptom. What is true of Digitalis is true of all drugs. Hence the importance to the general practitioner of knowing and selecting only the curative, the secondary symptoms of drugs.

The new heart drugs must be studied by the specialist so as to help the general practitioner in their proper use. In my study of Kola, Crataegus and Strophanthus I found that they differed.

Kola.

Kola was proved by students from the reliable nut furnished by my friend, Dr. Gatchell (not the editor of the Era, by the way). We found that it stimulated at first, but that was followed by depression and great muscular soreness. For that the general practitioner can use it, according to similia. (Compare Arnica.)

Crataegus.

Crataegus sends up the pulse and quickens the heart, but the reaction, the secondary effect, is to produce a weak heart with slow, full pulse—the range of Digitalis, neither so high nor so low. The mental effect is also more soothing. So it is homeopathic and curative for its secondary symptoms and must be given in small doses. I believe it my privilege and duty to tell as many of the profession as possible where and how to use these powerful new agents.

Strophanthus.

Strophanthus is a new drug, also, that deserves more attention. It acts on the heart entirely different. It produces primarily a shock, a slow pulse and intermittent heart beat, then follows a reaction. The pulse runs high and the heart is quickened. It is this kind of heart that craves stimulants, so that the brain may get the necessary flow. The pathology of this heart is dilatation. It has been found that seven drops of the tincture of Strophanthus would relieve the heart of an old toper and thereby cure the desire for stimulants. The smal. dose that

will only manifest the secondary effects is the one to give if we desire to follow the guide of Similia. It is, therefore, "useful in weak, hypertrophied, irritable hearts, with tense arteries and a free discharge of urine."

SPINAL MASSAGE FOR CONSTIPATION.

BY D. T. RIDDLE, M. D., JOPLIN, MISSOURI.

I find that lifting and moving the muscles of the back, also using firm pressure on each side of the vertebrae, from the fifth to the tenth dorsal, with rubbing of the abdomen, will cure chronic constipation.

Illustrative Case.

Mr. E. L. D., a blacksmith, came for treatment on September 17th. He was constipated; had fever every afternoon; stools dry and hard; no appetite; history of constipation for eighteen months; bowels never moving without a physic. Examination revealed liver enlarged; epigastric tendencies; tenderness from fifth to eleventh dorsal vertebrae. I gave him treatments September 17th, 20th, 25th, October 1st, 2d, 4th, 6th, 8th, 11th and 15th, and he reported as being well and having gained fifteen pounds. His weight on September 17th was 135; on October 20th it was 150. Since then his bowels have given no trouble and move every day. The tenderness is also gone from his back.

I have also treated cases of Asthma and Dysmenorrhea with glowing results.

The center that controls the pelvic organs is between the third lumbar and third sacral; the center that controls the cardiac plexus lies between the third and seventh cervical. I find all my cases of constipation have tenderness between the fifth and tenth dorsal vertebrae.

If any one finds a case of chronic constipation that does not reveal an area of tenderness between the fifth and tenth dorsal vertebrae I shall be pleased to see it reported in the Century.

Neurology.

NEUROLOGICAL NOTES.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, OHIO.

Acute Ascending Paralysis as a Complication of Pasteur's Treatment.

In the Bulletin de l'Academie de Medicine for June, 1897, is a report of a very interesting case. An attendant in the post-mortem room pricked his finger while attending a necropsy on a man who had died of hydrophobia. As a prophylactic he was treated at the Pasteur Institute and received sixteen injections during the following ten days. On the twelfth day he felt cold and his limbs were quite heavy. For the next six days ascending paralysis progressed, and on the seventh day was complete of the lower limbs and of the bladder, with anesthesia of the limbs, abdomen and lumbar region. The upper limbs were quite weak and the heart's action very rapid. The injections had meanwhile been continued, and on the eighteenth day improvement began. In about three weeks he was convalescent.

It seems likely that an acute ascending myelitis was caused by some toxin in the emulsion of spinal cord which was injected, and that, though usually harmless, the toxin proved virulent in this case, owing to the receptive soil produced by the unhealthy surroundings to which a post-mortem attendant is continually exposed.

Influenza and Its Sequelæ.

It has been noticed by London observers that influenza is often followed by (a) Neurasthenia, (b) Neuritis, (c) Myelitis, (d) and, they think, (e) Sclerosis —these diseases being mentioned in order of frequency of occurrence. Dr. H. R. Allyn of Philadelphia, in a paper read recently before the American Medical Association, expressed the opinion that influenza was not an infrequent cause of multiple neuritis. He has seen more cases of neuritis following influenza during the past year than in the previous five years, and more following mild cases than severe ones. It is probable that some cases of supposed neuralgia were cases of a moderate degree of neuritis.

Diet for Epilepsy.—Haig.

After a careful study, Dr. Haig states it as his belief that the uric acid fluctuation is the cause of epilepsy. By a carefully selected dietary he has found that the intake and formation of uric acid can be so reduced that the fluctuation shall never or rarely be sufficient to affect the blood-pressure, and the intra-cranial circulation to a serious extent. He seems to clearly show that fits of epilepsy and convulsions in general have an extremely close relationship to the uric acid headache (migraine), and, like this, are probably functional disorders due to altered circulation in the brain, this, again, being due to the contracted arterioles and high blood-pressure caused by uric acid. Since this headache is controlled with almost certainty by a diet which frees the blood from the excess of uric acid it is hoped that it will be found that epileptic fits will in many cases yield in the same way to well-directed treatment.

The Mucus Colitis of Neurasthenics.—Bothfield.

For many years it has been recognized by Dr. Talcott and his assistants at the Middletown State Hospital that the proper use of hot water is a great factor in the treatment of mental troubles. Particularly is this the case with neurasthenics and melancholics. They are admitted in a condition of thorough auto-intoxication, the whole intestinal tract and portal system being so clogged up that the effects are to be plainly seen in the extremely nervous condition or in a dull, heavy, lifeless state—with the yellow skin and conjunctivae, the dried-up secretions and excretions which call for a thorough flushing of the colon, always using water which has been sterilized. And it has been found that by thus securing intestinal anti-sepsis a great step has been made toward recovery.

In the September number of the New England Medical Gazette is a very interesting article by James F. Bothfield, M. D., of Newton, Mass., recently of the Westboro State Hospital, on "The Mucus Colitis of Neurasthenics." Dr. Bothfeld notes the paucity of literature on the subject, citing only one author, Dana, who mentions a condition of the liver which results in disturbances of intestinal tract, but does not say anything about the colitis which is so often a sequel. Dr. B. has had a number of cases under observation during the past two years, and cites two in which there was the most marked improvement after his treatment. We quote, verbatim, his language: "As for treatment of this condition of colitis I may mention that absolute rest in bed and high colon flushings daily with sterile normal salt solution, together with such measures as seemed necessary for the improvement of the general neurasthenia, have proved sufficient to stop the

mucus discharges. Excepting in one case only I have never felt confident that the remedy indicated by the colitis itself accomplished anything. In my own cases I have laid most stress on rest in bed, colon flushings, and a diet rich in albuminoids and easily assimilated."

Neural Notes

Deaf people often become suspicious.

If a person reaches the age of sixty with no signs of mental failure it is an evidence of but little predisposition to insanity.

General Paresis seldom appears after sixty, never after sixty-five.

Senile insanity is frequently found in those who in early life were addicted to drink.

Restlessness at night is a strong feature in a senile dement—a purposeless, meddlesome restlessness.

Indifference of manner to personal and family afflictions is pathognomonic of paresis.

Increase of temperature is one of the first evidences of Paresis.

Gonorrhea and Spinal Cord Disease.

Professor Leyden does not consider locomotor ataxia to be of syphilitic origin. Syphilitic myelitis begins in the blood vessels. Gonorrheal myelitis was formerly considered as a reflex paralysis. Almost all the reflex paralysis starting from the urinary apparatus are due to chronic gonorrhea. Gonorrhea is continually losing its indifferent character or so-called benignity.

Laughter and Insanity.

"It is a very curious fact," said a celebrated asylum doctor recently, "that, taken as a general rule, all lunatics laugh about twice as much as sane people.

"One of my worst patients at the present moment exhibited the first signs of insanity by laughing continuously and without stopping for over a week.

"It was just after a severe illness, which had been accompanied by much mental depression, and his friends were so delighted with the apparent improvement in his spirits that they had no idea of the real state of affairs until a doctor was called in and pronounced the man completely mad. Laughter after a surgical operation is a symptom always greatly dreaded by doctors and nurses.

"That queer impulse to laugh which some people experience in the first moment of a sudden calamity is in reality one of the sharpest warnings of insanity that any one could receive.

"Some people fall into a habit of laughing at their own thoughts when alone. This should be always strictly checked, as it is an unhealthy sign and may lead to brain trouble later on."—London Answers.

Mental Sensitiveness

Belladonna—Very excitable mood, extremely sensitive, easily moved to tears.

Capsicum—Peevish, irritable, angry, easily offended by any harmless word.

Cocculus—Very sensitive mood, everything worries and offends.

Colchicum—External impressions, such as bright light, strong odors (Nux Vom.), contact, misdeeds of others, make him quite beside himself.

Colocynth—Extremely irritable, impatient, easily offended, every word offends him.

Hepar Sulphur—Over-sensitiveness and irritability, quick, hasty speech.

Ignatia—Sensitiveness, delicate conscientiousness.

Iodium—Mind very sensitive during digesting, felt like crying, irritability and sensitiveness, excessive excitability.

Nux Vomica—Over-sensitiveness, every harmless word offends, every little noise frightens, anxious and beside themselves.

Opium—Fretful, irritable, nervous, easily frightened.

Platinum—Peevish, irritable, fretful mood, very sensitive to the least word or action however innocent.

Pulsatilla—Sensitiveness to harsh words, mild, yielding, tearful disposition.

Sepia—Is easily offended and inclined to be vehement.

Silicea—Compunctions of conscience about trifles.

Staphisagria—Very sensitive to least impression, the least word that seems wrong offends her.

Teucrium—Very great sensitiveness and irritability.

Agaricine in Chorea.—Bartlett.

"As to remedies for chorea, there are none in which I have so much confidence as I have in Agaricine. This remedy I have been in the habit of using in the second decimal trituration, administering a one-grain tablet of the same every hour or every two hours. I invariably give it when indications call for no other remedy."

Acromegaly.—O'Conner.

"Sulphur and Silicea prescribed symptomatically, greatly helped a case of acromegaly."—Bartlett in Goodno's Practice.

GENERAL PARALYSIS.

BY E. F. BRADY, M. D., ST. LOUIS.

The affection now known as general paresis, paralytic dementia, "diffuse meningo-encephalitis" and other names, was first described, though imperfectly, by Delaye in 1822, then more thoroughly by Bayle in the same year, and later with so much completeness and exactness by Calmeil, in 1826, that among alienists it has come to be spoken of as Calmeil's disease.

Since Calmeil's description general paralysis has been raised to the position of a distinct pathological entity, and has been so thoroughly studied and described by alienists that it is probably the best known in its symptoms and pathology of all the forms of mental derangement. I shall aim in this paper to bring out its salient characteristics as fully as possible so that the general practitioner may be able to recognize and classify it when he meets with it in his practice. And if I am able to do this I will be well repaid for the study and labor which I have given to this subject.

A physician of high standing and recognized ability in our school uses this language relative to the disease under consideration: "This formidable and fatal disease is a cosmopolitan type of all modern insanity, and represents to the fullest degree the effects of both worry and intemperance in every shade and form * * *. What epilepsy and masturbatic insanity are among the young; what hysteria, in all its protean forms, is among females, that is general paresis among the robust, but overworked or overworried or overdissipated men of early prime or middle-aged. I mean by this statement that it is a deep-seated, far-reaching, intractable scourge which fastens its malignant fangs upon the recently matured brains of its victims and, unlike

many other serious mental diseases, it never, according to general history, yields up its hold."

General Divisions

General Paralysis may be divided into four stages, as follows:

1. The incipient or initial stage—the stage of worry, anxiety, sleeplessness and melancholy.

2. The well-defined stage—a stage of maniacal excitement and of active delusions of wealth, of power and of grandeur.

3. The stage of subsidence, when the patient passes into a condition of subacute or chronic mania, with occasional flashes of excitement or periods of depression, and a general but slow tendency toward decadence.

4. The stage of positive dementia, of physical as well as mental failure, and of death.

Symptoms and Cause.

The immediate cause of the disease is diffuse meningo-encephalitis, producing general pressure upon and irritation of the cerebral cortex. And a majority of the following symptoms will be observed in most cases of general paralysis in one or more of the stages mentioned.

There are first manifested contractions of special fibres in the muscles of the face, tongue and limbs, and the speech becomes tremulous and the articulation spasmodic. At a later stage we have a supervention of acute delirium and impairment of memory and judgment. Later, a state of the muscles and limbs develops which may be either that of semi-paralysis or of semi-ataxia. In the final stages the mental faculties become abolished a state of insanity, characterized by periods of delirium, is produced, and the patient dies without any apparent changes in the ordinary functions of the body.

To impress them with more thoroughness I will reiterate: The symptoms which characterize general parlaysis are, tremors of the facial muscles, of the tongue and hand, a vibratory and slurred speech, angular or tremulous hand writing, and irregular and contracted pupils. Gradual failure of the mind occurs in true dementia. Then if we have added to the foregoing symptoms exalted notions, with maniacal attacks and epileptiform seizures, the case is undoubtedly one of general paralysis.

While the four divisions or stages mentioned represent the various phases of general paralysis, taking a summary of cases, yet in the individual case on account of the variations a description following this division would not be satisfactory or absolutely accurate. So instead I will endeavor to describe the symptoms as they arise in typical cases.

Prodromic Stage.

The first stage is usually marked by a long continued and suspicious prodrome. The victim in the early stages is preoccupied in his thoughts. This condition of mental abstraction is often observed by his friends, though they do not appreciate the approach of serious illness. The prospective victim of paresis worries more than is his natural custom, and gradually his sleep is shortened and disturbed by anxiety and unnatural dreams. Later sleeplessness becomes a prominent symptom. Sometimes there is no prodromatic stage. The affection begins with an attack of congestion of the brain, during which there are delirium and other phenomena, more or less modified, of an attack of acute mania; or the first manifestation may be an epileptiform convulsion. During both of these forms of seizure there are often spasms and paralysis—the latter generally restricted to the muscles of the eye, the tongue, or the face. Or these attacks may follow the prodromatic stage and usher in the more pronounced symptoms. They may be repeated several times, but are usually apparently completely recovered from, and the patient goes about his ordinary business and transacts it with a marvelous degree of exactness in all its details.

Mental Symptoms.

Among the earliest of the mental symptoms generally noticed, when the disease is fully established, is an excessive anxiety in regard to matters which are really of no great importance, or which are of altogether imaginary importance. The patient may imagine that he is abusing a business trust or responsibility, or that he is wounding the feelings of his friends; he is continually changing his mind about the most trivial things; he may imagine that his movements are being constantly watched; one imagines that he has given syphilis to his wife and that he saw the evidences of the disease on her person; he is filled with remorse and spends the greater part of his time in self-reproaches and lamentation; he did not have syphilis and had not infected his wife; another, a speculator in stocks, suddenly became impressed with a keen sense of the wrong of which he had frequently been guilty and spent hours in devising impracticable schemes for making restitution.

In the beginning the general mental type is in most cases that of depression. The emotions are easily excited and the delusions which soon make their appearance are of the melancholy form. The idea of propriety in the every-day affairs of life seems to be lost, and the patient will commit all kinds of indecent acts without appearing to be aware that he is doing anything unusual. He becomes careless of his personal appearance, neglects to change his linen, appears in public half-dressed and indulges in other similar conduct, while he had previously been noted for scrupulous attention to all matters of cleanliness or etiquette. His memory fails rapidly and his intellectual vigor is lessened from the first. At the same time he is often quarrelsome and disputatious, and will try to force his ideas by attacking with physical force those who differ with him. His acts in other respects are eccentric and absurd. He spends money in things which are of no manner of use to him. Hammond tells of a patient suffering from general paralysis, who sent home a wagon load of snow-shovels; another bought a dozen sets of weights and measures; another sent out agents into the country and purchased all the turkey eggs he could get; another drained the florists of tulip bulbs.

The melancholia present manifests itself in shedding tears over the merest trifles, and often no reason can be alleged. This state of depression is not of very long duration. It is, however, almost invariably the earliest mental state of the fully established disease, either when there has or has not been a prodromatic stage. It is always accompanied by those physical symptoms so characteristic of general paralysis.

In some cases the depression becomes more profound and a state of fixed melancholy, characterized by delirium, in which there are varied illusions, hallucinations, and delusions of a distressing or terrifying nature, is established. This may constitute the essential mental feature of the disease, but is by no means so frequent a type as its opposite—that of exhilaration.

In the vast majority of cases the slight mental de-

pression which exists in the beginning of general paralysis disappears, either suddenly or gradually, and exultation takes its place. The patient becomes more cheerful, forms all kinds of impossible schemes for suddenly acquiring great wealth, and these are quickly abandoned for others equally as impracticable. One man proposes to buy up all the water power in the United States and let it out to applicants at high prices. Another is going into the ship-building business and intends to construct vessels capable of carrying ten thousand cabin passengers each, and of making the voyage to Europe in twenty-four hours. Another has printed the prospectus of a company he is about organizing to acquire from the principal governments of the world the exclusive right to manufacture India-rubber rattles. Delusion after delusion rapidly succeed each other, and these in the great majority of cases relate to the grandeur, the wealth, the physical, or some other great quality of the patient. One tells of his immense palaces, built of gold and inlaid with precious stones, and in the very next breath will descant of his great wealth, or his extreme lightness, or of the number of children he has, or of the millions of operas he has composed; another that he has chartered an ocean liner for a pleasure trip and engaged ten thousand musicians to go with him. The next day he has forgotten all these fancies and is off on another series of absurd ideas. The word "impossible" is not in his lexicon. While scarcely able to drag one leg after the other he will brag of his great fleetness of foot, and in the death-gasp will mutter about his extreme strength and endurance. But while the general paralytic is not confined to the limits of possibility in the delusions of grandeur which he entertains, unlike the paranoiac he never imagines that he has assumed any supernatural or extra-mundane personality. He will imagine himself to be a general, a king, an emperor, or as occupying some great office, but he is always himself. It is he, in his own person, who is the grand personage.

In a somewhat early stage of the disease, but yet one which exhibits the sensory and motorial phenomena characteristic of it, it is difficult to decide with certainty whether or not the ideas expressed by the patient are facts, delusions or lies. Generally, however, but little difficulty will arise; for there are other circumstances which are sufficient to establish the point of sanity or insanity—usually the stories themselves are of such a character that no sane person would relate them. A certain tendency to erotic delusions, almost reaching to the extent of satyriasis, and a marked increase in sexual appetite and power are often witnessed; the whole conversation is of a libidinous character.

The whole manner and bearing of the patient are in accordance with the exaltation of which he is the subject. He is all good nature and smiles; he bustles about noisily and whistles and sings, but woefully out of tune. But there are periods when reaction occurs, when he shuns those with whom he has consorted, quarrels with those about him, and becomes a prey to mental depression almost attaining to melancholia. His fancies vary and may be of a quiet kind.

He is strong, in good health, "never felt better," can walk a dozen miles and feel no fatigue, has all the money he wants, is ready to lend all who ask, is capable of filling the highest offices, can drink any quantity of champagne without getting intoxicated, can write better novels than Scott, better poetry than Byron and better plays than any Shakespeare ever produced, is the best actor that ever trod the stage. At times there are apt to be paroxysms of a higher degree of exaltation, when there may be delusions without limit and the impossible is in the ascendant.

The general paralysis in a given case may continuously preserve the melancholy type, or there may be alterations—melancholia followed by exaltation, and this succeeded by the melancholia again, simulating in this particular circular insanity. The older writers were of the opinion that the form characterized by mental depression was most common. The type of melancholia is that of hypochondria, beginning with perverted sensations in various parts of the body it goes on with gradually increasing force until delusions of the most ridiculous character fill the mind. One imagines that his bowels are gone; another that his tongue has disappeared; the delusions do not last long; the first is given up for a second, the second for a third and so on. Hammond tells of a general paralytic who within the space of a half-hour conceived that he was made of raw cotton; that his arms were absent; that he had no nose, and that he had perpetual spermatorrhea.

The delirium of negation is often present in general paralysis. The patients conceive that they have lost various parts of their bodies; some in the space of twenty-four hours lose every limb and organ. In some cases, especially in women, the micromaniacal delusion is present. In these cases the patients think themselves much smaller than they really are—like infants, dwarfs, or dolls. Others imagine that their limbs have been reduced in size. Moreau, a French physician, refers to the case of a patient who felt his body get smaller and smaller till it did not exceed two feet in height. Another imagined that her mouth was so small that a spoon could not get into it. At last it reached, as she thought, such minute dimensions that no solid food could be taken, and she insisted on being fed through a small glass tube and with liquid food only.

When the second stage of general paresis is reached, the mental symptoms already described become intensified. As Talcott says, "Visions of wealth, before which the marvels of Aladdin's lamp appear insignificant, are conjured up by the overwrought imagination of the excited patient. A sense of power the most magnificent pervades his every thought. He is a maker of worlds, a creator of new planets, an artisan of whole systems, a builder of immense and marvelous structures, a projector of interminable railroads, a manufacturer and dealer in the fabrics of nations, a constructor of balloons that will circuit the earth in two or three hours." * * * "Some paretic patients make very little account of immense fortunes, but in their expansive fancies they imagine themselves the possessors of numberless wives, or they see themselves pursued by countless enemies, or they think themselves able to drink innumerable flagons of wine. But whether the current of thought is toward strong drink or seductive sirens of Croesus-like wealth it is a current that is forever widening and deepening until it casts its pathological incubus into the boundless sea of eternity."

The patient affected with general paralysis passes, perhaps slowly, but with almost absolute certainty, to a condition of dementia. His memory, judgment and power of application are weakened from the first. Long sustained thought on any one subject is impossible with him.

Physical Symptoms.

The first sign of loss of power, sometimes observed before any mental symptoms are perceived, is a slight defect of articulation due to paralysis of the lips, imparting a hesitancy or tremulousness to the speech. The tongue is the next organ connected with speech to be affected. There are fibrillary contractions of its muscles, and it is moved with less facility than in the healthy state. The articulation is slow, words are slurred over and there are both stammering and stuttering. There is a peculiar difficulty in connecting words containing the lingual letters. It is almost impracticable for a general paralytic to pronounce the words "British Constitution" or the words "National Intelligence." The muscles of deglutition are involved at an early stage and this produces difficulty in swallowing; the paralysis of the tongue and of the temporal, masseter, pterygoid and buccinator muscles prevents proper mastication, and the anethesia present removes all proper sensibility, and hence follows danger of suffocation from the plugging up of the pharynx. At a more advanced stage the voice becomes nasal from the paralysis of the palate and pharynx. Luys calls attention to this sign as of great importance, pointing to the implications of the medulla oblongata in the morbid process. Next we have a derangement of phonation from paralysis of the vocal cords, which produces a reedy and cracked voice, especially noticed if the patient can be induced to sing. On account of the close proximity of the speech and motor centres in the brain, coupled with the difficulty of speech, we have a difficulty in writing, the chirography becomes bad. The patient, too, seems to be guided in his writing by a sense of sound, and he spells words phonetically. The muscles of the eyes are involved, producing ptosis from paralysis of the levator palpebra superioris, diplopia from implication of the internal rectus, and dilatation of the pupil, all those being due to lesions existing at the point of origin or in the course of the third nerve; or the external rectus may be involved, causing diplopia from the implication of the sixth nerve.

The oculo-pupillary derangement generally present is an inequality in the size of the pupils, due to a paralysis of the sympathetic nerve, and with the change in the size of the pupil, whether it be constriction or enlargement, there is almost invariably a sluggish condition of the iris, so that it does not respond normally to increase or diminution of light.

Paralytic Gait.

The gait of patients affected with general paralysis is very peculiar and of two different kinds. In the one it is similar to that of persons suffering with locomotor ataxia, and it is to this cause, as Westphal has pointed out, that the derangement is due. The feet are lifted high and are thrown down with a jerk and with much force, the heel striking the ground first and the sole coming down with a flop. As Westphal remarks, patients with this gait cannot stand with the eyes shut and the feet close together. The patellar tendon reflex is abolished. In fact, as Westphal in a subsequent paper declares, the absence of this reflex is of itself sufficient to establish the existence of sclerosis of the columns of Burdach in conjunction with the cerebral lesions of general paralysis; and, again, the disturbance of locomotion and the muscular derangements generally point to the occasional existence of sclerosis of the lateral columns of the cord and disseminated spinal sclerosis as accompanying lesions of general paralysis. In cases with this combination the feet are scarcely lifted from the ground, but are shuffled over it, the walk being serpentine in character, progression being effected by the body being swung forward on the femur as each lower extremity is alternately on the ground; owing to the contraction of the adductors the legs frequently get interlocked and walking is impossible.

In other cases without accompanying spinal lesions the gait is simply that of weakness. The patient staggers, stumbles and often falls; but there are no such disturbances as are met with in the form just referred to. Tremor is almost constantly present, not only about the lips and tongue, but in the limbs also. It is most apparent when the patient attempts to perform a voluntary movement, such as that of raising a glass of water to the mouth. It is also perceived when the hands are outstretched or when the attempt is made to bring the two index fingers together from opposite sides. Closely allied to tremor are the choreiform movements which occasionally occur.

Derangements of Sensibility.

Derangements of sensibility, general and special, are notable symptoms of general paralysis, and consist both of anesthesia and of hyperesthesia. Anesthesia is among the first symptoms and precedes all disorders of mobility, generally disappearing when the disorders of mobility become well established. "The patients often speak of the sensations of numbness which they experience, such as 'pins and needles' formication, and the feeling as though the part were asleep. Hyperesthesia is often observed among the early symptoms, taking the form of neuralgic pains, affecting the face, trunk, the limbs or the viscera.

Headache is generally a symptom from the very beginning, occurring with more or less persistency throughout the whole course of the disease; with these head pains there are sometimes vaso-motor disturbances, the face and head being flushed and hot, and the ears particularly red and burning.

Facial and cervico-occipital neuralgia are common, and the electric-like or fulgurant pains characteristic of locomotor ataxia are met with in those cases complicated with the latter disease; visceral pains are also common.

In relation to the special senses, Voisin places great stress on the sense of smell and its value as a pathognomonic symptom. He says: "The diminution of the sense of smell on one or both sides is a sign of the greatest importance, and this is especially the case as regards the prodromatic period. In fact, from the day that we establish the existence of a diminution of the sense of smell in a melancholic all our doubts disappear and we know that the patient not only will become a general paralytic but that he already is one, when at the same time there may be no other somatic evidence of general paralysis."

As regards sight, amaurosis and amblyopia are very common throughout the whole course of general paralysis. The last author quoted has little to say of disturbances of sight in general paralysis until he comes to the consideration of the second stage. Then he states that the sight is notably weakened, contours, colors, and objects become less distinct, and dischromatopsia exists.

Hearing in most cases, during the early periods of the disease, is very decidedly intensified. Later in some cases it is markedly impaired.

The taste in those patients who have suffered from diminution or loss of the sense of smell is impaired in acuteness very generally. As Voisin re-

marks, general paralytics eat with indifference everything that is put before them. Nutrition is not usually affected to any considerable extent during the early stages, but as the disease advances various derangements from the normal standard make their appearance; sometimes emaciation begins with its inception. Later atrophy may ensue in one or more of the limbs; and this condition is especially apt to follow involvement of the spinal cord in the morbid process. Bed sores are often a painful and troublesome feature. The normal temperature of the body is subject to considerable variations during the course of general paralysis. Clouston found it higher in the mean in patients with this disease than in any other form of insanity, and that the average evening temperature was always higher than the average morning temperature; he also found the temperature to be high in the first stage, low in the second, and highest in the third or last stage.

Phenomena of Remissions.

It is a notable characteristic of general paralysis that remissions in its intensity generally occur, during which the symptoms, physical and mental, abate in violence and the patient's friends imagine that he is certainly recovering; the phenomena may disappear to such an extent as not to be evident to general observers, or even to those who are brought into daily contact with the patient unless they are familiar with certain characteristics of the disease not usually obvious to non-medical persons. In his original description of the disease Cameil calls attention to this peculiarity of general paralysis, and it has been subsequently studied by Baillarger, Sauze, Doutrebente and others. Sauze recognized three different kinds of remissions. In the first the somatic symptoms disappear, while the mental remain; in the second the mind appears to return to its normal condition while the somatic symptoms persist; and in the third the mental and physical symptoms are greatly ameliorated but do not entirely disappear.. There is never, according to Sauze, a distinct absolute remission of all the symptoms. Doutrebente makes two classes of remissions, the incomplete and the complete, and each of them is divided into two kinds, the temporary and the durable. The temporary incomplete remissions are the most frequent of all. Their duration is short, but variable, as is also their intensity. They are often reproduced a great many times in the same patient. Incomplete durable remissions are not limited as to duration. They have been known, it is said to last for ten, fifteen or even twenty-five years; but one or more of the phenomena persist, and the patients are generally subject to repeated congestive attacks, or epileptiform seizures. Baillarger and Luys are of the opinion that remissions are almost always the result of the disappearance of the acute maniacal or melancholic attacks which result from superadded congestion or anemic conditions, and that the original sub-stratum of the disease remains to produce its legitimate symptoms. If the focus or cortical lesion is small the phenomena are restricted; if it is large they are more extensive.

Convulsive Seizures.

Convulsive seizures have already been mentioned as occurring during the course of general paralysis. They are sometimes characteristic features. Usually they are epileptiform, although occasionally they are of the nature of apoplexy. They vary greatly in character, sometimes consisting of attacks of petit mal, while at others they consist of strong convulsive seizures, not differing essentially from the grand mal of epilepsy. Voisin cites several cases occurring in women in which the convulsive seizures were of the character of hystero-epilepsy. Accessions of coma are also met with. All these complications are doubtless due to sudden augmentations of the existing congestive state of the brain. Tetanic spasms have also been observed.

Duration and Prognosis.

The duration of general paralysis is variable. Sometimes death results in a few months, and at others it may be deferred for five or six or more years. General paralysis may be said to be almost invariably fatal. Cases of cure have been reported from reliable sources, but their number is so small as to be scarcely considered when compared with the large number that have gone on steadily to a fatal termination. It has been estimated that about twenty per cent. of all the deaths occurring in lunatic asylums are from this cause. Death may take place from a convulsive seizure or during the coma resulting from congestion, from sheer exhaustion, from the gradual cessation of the respiratory process, or from the supervention of some intercurrent affection. But before that event occurs the patient, unless suddenly carried off by one of the causes referred to, passes with more or less rapidity into the stage of absolute mental and physical prostration. His life is almost reduced to the vegetative condition, so far, at least, as his relations with the external world are concerned.

Causes of General Paralysis.

No other type of insanity so completely typifies all phases and forms of mental aberration. It combines in itself all other varieties, so that whatever may cause insanity in general may be the proximate cause of general paralysis. This form of insanity is builded on the nervo-sanguine temperament. Persons of great physical activity, with vaulting ambitions and desires to attain and enjoy in their fullest abundance all of the good things of life, coupled with intense anxiety and worry lest the object in view may not be gained, or if gained will become unsatisfactory—these are the sub-strata of conditions upon which the superstructure of general paresis almost inevitably rests. The paretic is an adventurer, an explorer, a discoverer, a suggestor of new means for the acquirement of wealth, a diviner with a magic wand of imagination that conjures up golden Golcondas in every business scheme or manufacturing enterprise. The cause of general paralysis lies in a hyper-stimulation of the brain and nervous system by such means as hard work, coupled with hard drinking, excessive sexual indulgence, and an all-absorbing worry about every undertaking, whether it be in the world of business or in the field of pleasure. There are comparatively few cases in which over-work and over-worry, coupled with untimely and too-free association with wine and women, do not figure largely as a cause. Almost all of the domestic chagrin to which Esquirol attributes so great an influence in the causation of insanity are only forms of anxiety. The father of a family, feeling the responsibility that rests upon him, is anxious relative to his ability to clothe, feed, and house his wife and children. A son or daughter gives evidence of vicious inclinations and anxiety to one or both parents is the result. Anxiety in regard to political success is in this country not an infrequent cause of mental derangement. The tenure by which fortunes are held is often so slight, the ways by which they are obtained are often so uncertain, the risks are so great, the profits are so large, that those who plunge into the vortex of "business," as it is called, often come out, perhaps

with a fortune, with a mind shattered beyond recovery. Chagrin, or active corroding grief, is also a prolific cause of mental derangement scarcely second to anxiety in power. Here, again, family and business affairs stand pre-eminent as the producers of the emotion. With some people, those in whom the hereditary tendency is strong, very slight causes are sufficient to produce intense grief and consequent insanity. Fright and terror are also powerful emotional causes of mental aberration, and cases due to their action are very common. It is scarcely necessary to specify particularly each emotion which is competent to produce insanity. There is not one which has not this power. There is no uniform manner of acting. An emotion of one kind may produce acute mania in one person, melancholia in another, intellectual monomania in a third, general paralysis in a fourth, and so on. The same emotion may at different times, in the same individual, produce different varieties of insanity. The only intellectual factor in the production of insanity is that of excessive mental exertion. The undue concentration of the mind upon any particular line of thought will lead to mental aberration. The brain, like the rest of the body, is meant for work and is capable of enduring a great deal of labor without suffering. It is only, however, when this is carried on regardless of the laws of health, relative to physical exercise, food, sleep, etc., that disease is liable to ensue.

All authors agree that the most common of all forms of insanity caused by alcohol is general paralysis. Tuke and others place it in the front rank. "Drink causing poverty and poverty leading to drink, the former in by far the larger proportion of cases, are the familiar antecedents of an attack of general paralysis." Mickle names "alcoholic excesses" first in the list of causes.

Certain medicines, such as morphia, chloral, the bromides, belladonna, and other substances, give rise to mental derangement when taken in excessive or long-continued quantities.

Wounds and injuries of the head are common causes of insanity, and very slight blows may, even after long periods, result in mental derangement. Esquirol says that falls on the head, even during the first year of infancy, predispose to insanity, and are sometimes its exciting cause. Traumatism, as the cause of insanity, has been well studied in modern times. Kiernan, of Chicago, claims that the majority of these cases have a tendency to end in progressive paresis. And he also says that in all cases of insanity caused by traumatism a guarded prognosis should be given; cerebral hemorrhage and other diseases of the brain are also occasional causes.

Any of the following diseases may have a causative relation to insanity; viz., phthisis, gout, rheumatism, the various fevers, diseases of the heart, intestinal worms and other causes of reflex inanitions from the abdominal organs, uterine and ovarian disorders and syphilis. Masturbation and sexual excesses are prominently to be placed among the etiological factors. Sexual excesses are among the most common causes of general paralysis. On this point there is no difference of opinion.

Patho-Anatomy of General Paralysis.

Calmeil, who first described this disease, pronounced it "Diffuse Periencephalitis." He also named it "General Cortical Cerebritis." Nyer gave it the name of "Chronic Meningitis." Bayle styled it "Chronic Arachnitis." Erleumeyer pronounced it "Cerebral Atrophy," and Westphal "Chronic Myelitis," from his belief that the spinal cord was the primary seat of the trouble. In some cases he was correct. Sometimes the course of disease in paresis seems to ascend from the spinal cord to the brain, and again it descends from the brain mass to the spinal cord. Dr. Seldon Talcott says we might declare it to be Meningo-Peri-Encephalitis, with hypertrophy of the membranes and the neuroglia, with atrophy of nerve-cells and nerve fibres. This compound term, he says, covers, perhaps, more fully than any hitherto used expression the pathological conditions of general paralysis.

The naked eye appearances of the brain in cases of general paralysis may be summed up as follows: I. A congested condition of the scalp and cranium. II. A similar state of the dura mater and arachnoid. III. Increased vascularity of the pia mater, with opalescent patches. IV. Adhesions between the pia mater and the summits of certain of the convolutions. V. Softening of the cerebral tissue. VI. Change of coloration in the cortex.

M. Luys, in discussing the subject of the patho-anatomy of general paralysis, is of the opinion that it is a diffused interstitial sclerosis of the neuroglia of the nervous centers. According to his view sclerosis acts here exactly as it does when it is the distinguishing characteristic of other affections of the nervous system, or when it involves other tissues; that is, it causes an atrophy and disappearance of the true nerve elements. The neuroglia is probably always increased in cases of general paralysis. The conclusions at which Luys arrives are, "that the lesion of general paralysis consists of a generalized hyperplasia of the connective tissue, of which the elements are infinitely developed, and that it constitutes for the nerve-tissue a condition not essentially different from that of cirrhosis of the liver. The lesions appear to have different foci of origin, according to the region invaded. Sometimes they begin in the white substance, sometimes in the gray cortical tissue, at others in the submeningeal regions, and again in some part of the spinal cord, before making their appearance in the brain. It is thus that the existence of general paralysis is sometimes first revealed by disturbances in the motor functions of the spinal cord or medulla oblongta, before there is any manifestation of brain symptoms." The white substance undergoes changes similar in general character to those met with in the cortex—there are like changes in the vessels, there is a proliferation of the connective tissue, but on account of the comparatively larger quantity of this tissue in the white than in the gray tissue the consistency is increased instead of being diminished.

In regard to the other parts of the brain—the Island of Reil, the optic thalamus, the corpus striatum, the medulla oblongta, the pons varolii, the cerebellum—changes similar to those which occur in the cortex are met with, though not probably to the like extent. Also, the nuclei of the cerebral nerves, and the nerves themselves, especially the olfactory, as Voisin has shown, undergo inflammation and softening, or sclerosis. The existence of like lesions in the posterior columns of the spinal cord is also a feature of many cases.

MM. Bounet and Poincare regard general paralysis as being primarily a vaso-motor affection, having its origin in the sympathetic system.

Treatment.

While we have to do with the treatment of an incurable malady yet it becomes nevertheless our duty to use every means, hygienic, dietetic and medical, with which, while they may not enable us to cure our patients, we can at least prolong and ren-

der endurable an otherwise wretched life; and in some instances we may succeed in restoring the patient for a time to his friends in such a state of remission from the disease that the delusion of recovery is cherished by them for a season. On this subject Dr. Talcott says: "I have come to the conclusion that a paretic patient must be handled with as much care as that bestowed upon an apple which seems fair and sound upon the surface but which is in reality rotten at the core. The less such an apple is handled or bruised the longer it will preserve its fair exterior; and the less a paretic is exercised and changed, and hustled about by the friends, and tampered with by electricity or muscular manipulation, the longer he will last and the less suffering he will experience."

The following remedies have been found useful in relieving the sufferings, bringing about remissions and postponing the fatal end in persons suffering from general paralysis: Actea racemosa, Alcohol, Arsenicum, Belladonna, Baptisia, Cannabis indica, Calcarea, Coca, Hyoscyamus, Ignatia, Lachesis, Mercury, Nux vomica, Kali phos., Phosphorus, Stramonium, Sulphur, Veratrum viride and Cuprum metalicum.

Surgery.

PRACTICAL HINTS ON ORTHOPEDIC SURGERY.

By RALPH JENKINS, M. D., WASHINGTON, D. C.

FIRST PAPER.

Importance and Definition.

Fifteen years ago specialists in orthopedic surgery were few and far between. New York, Philadelphia and Boston were possibly the only cities in this country and London, Paris, Berlin and Vienna the only cities of Europe laying any special claim to the advancement of orthopedic work. Slowly but surely the field of usefulness has step by step advanced, and the demand for more and better work has induced surgeons to keep pace with this demand and to place this department of surgery on a level with its sister branches, and, like so many other scientific attainments, pass it out of this wonderful nineteenth century amid a blaze of glory. The bone of contention between the orthopedic and general surgeon has always been the line of division—just where the field of orthopedic ceases and that of general surgery begins.

The gynecologist has gone through the same controversy and, in fact, is still subject to attacks; but judging from the journals of the past year the contention has been practically dropped.

The fear is, of course, that each one will deprive the other of some case which he thinks should be his. This, the old trouble, jealousy, is at the bottom of most medical disputes, and should, I think, be eradicated from the minds of every true lover of science.

From the correspondence and personal conversation which I have had with many good men on the subject, and from my own common sense, it seems to me that the definition of orthopedic surgery should be: "That department of surgery which embraces the mechanical and operative treatment of either suspected or existing, sub-acute or chronic, progressive or non-progressive, deformities."

By the use of the word "sub-acute" I mean, for example, a fracture or dislocation which has resisted the regulation treatment and has resulted or is resulting in a deformity. It is time the man who is more mechanical or who has made mechanism a special study should be called in. Again, the term "non-progressive" may be covered by a deformity which has been caused by a crooked union of bone, either by result of accident or by poor and improper surgical attention. This case does not grow worse, but needs the mechanical skill of the orthopedist to make it straight. I do not claim that every case of the above description should be sent to a specialist, for the majority of good surgeons are good mechanics. What I do hold, however, is this: That such cases rightfully belong to the orthopedic surgeon, and in treating these he is but doing legitimate work.

The Plaster-of-Paris Bandage.

In order to understand and master every subject it is necessary to begin at the very foundation of the work; and it seems to me that the knowledge of how to make plaster-of-Paris bandages, and how to apply them after they are made, should be considered this foundation, and the question whether the surgeon shall employ plaster corsets and jackets or plaster spikers for the hip-joint, etc., be determined later on; he should at least know how to do it properly.

The reason plaster-of-Paris has fallen into disrepute in the hands of so many orthopedic surgeons and been relegated to the back shelf, with the firm resolve never to be taken out again, is, I am inclined to think, because the operator has never really given it a fair chance. He has, either from lack of skill, patience or time, concluded that it should be considered a back number and the more mechanical brace be applied. The instrument man may be consulted and the work of measuring and fitting turned over to him and the result be a triumph in steel and straps, screws and ratchets, to say nothing of the weight. The number of times the patient has to be fitted will of course depend on the skill of the mechanic in grasping the idea of the surgeon and in making the correct shape the first time. It is my experience, generally, that valuable time is lost by the bungling of the mechanic, and from one to three or four visits are usually made in excess of what is supposed to be necessary. I do not want my readers to think for a moment that I am opposed to apparatus; far from it; for I fully appreciate its mechanical value and in many cases its absolute necessity.

This is no new subject; on the contrary it is old and worn. Prof. Sayre introduced the use of plaster in brace work years ago, and since then it has been used throughout the medical world, brilliantly by some, harmfully by others. I say harmfully advisedly, for in the foreign clinics I have seen plaster in the hands of some of the noted surgeons, even, badly and very unscientifically applied.

Method of Preparation.

In order that this article may be of any value to the novice it is necessary to begin at the beginning and to learn how to make a proper bandage and how to apply it after it is made. "A good carpenter must have sharp tools," was never more true than in its application to plaster-brace work. The plaster must be fresh; it must be pure enough to "set" in the proper time, which is rather quick, but not too quick. It is the custom of some surgeons to add salt to hasten the setting; this is a bad practice and only helps to make a mess of it. In order to obtain the proper plaster it is best to buy it of some dental establishment in sixteen quart tin pails with a tight fitting lid. The White Dental Company furnish ex-

cellent plaster. It is more expensive, but is worth the extra charge. So much for the kind of plaster.

Now about the crinoline to be used. A kind should be selected which contains some stiffening, but not too much; for if there is too much stiffening it will make more or less of a gummy paste with the plaster and retard its setting. Claflin & Company, of New York, several years ago experimented with the proportions of crinoline and finally made a variety which they called No. 100 and which met the approval of the orthopedic surgeons of the city. Since then, in order to avoid confusion in ordering, they have called it No. H, the "H." presumably standing for hospital. This is unquestionably the best crinoline on the market and can be bought by the bundle, a bundle consisting of ten pieces, each piece containing twelve yards. This is a convenient length, for when cut in half it makes a bandage of easy length to handle.

To cut the strips take a piece and spread it out flat on a table or board on the surface of which the knife cuts will do no harm. With a sharp strong blade cut the selvage edges away on both sides: then with the eye or measure mark the width into five equal parts, and cut with one sweep of the blade through the entire thickness for the whole length, thus cutting the crinoline into five strips, each strip containing twelve yards. Now divide the strips in half and thus make out of every piece ten bandages about four inches wide and six yards long. The crinoline now being ready for rolling dump on a long smooth table at one end a pile of plaster, at least two quarts. Shake the bandage out and allow it to fall on the floor at the plaster end of the table. Grasp one end firmly in the left hand and with the right hand placed at an angle against the pile of plaster, draw the material over the plaster and under the edge of the right hand, as long as the left arm can extend directly backward. Be careful to draw it steadily and quietly without jerking, and with the plaster filled crinoline raised from the table. Before lowering to the table sweep back with the right hand whatever plaster has fallen through. This step is rather important, for if there is much loose plaster under the bandage it will be picked up and rolled in, which will result in a bandage containing too much plaster. Roll loosely back to the pile of plaster the part drawn through, with a good generous opening in the center. Repeat the drawing, sweeping back of plaster, and rolling until the whole length has been rolled. Do not make the mistake which is so common of adding a little extra plaster to be sure there is enough. The meshes of the crinoline should be just filled flush and no more. If there is an excess of plaster the jacket will be too heavy and will take much longer to dry.

The knack of rolling these bandages quickly and uniformly will only come by practice, and although it may at first seem very tiresome work one will soon become accustomed to it. The crinoline must be rolled loosely to facilitate the soaking, the best way for which is to have a generous pail of water and put one bandage in at a time, endwise, to force out the air and allow the water to reach the plaster almost at once. Three or four seconds is all the time required to soak a well-made bandage.

I want to reiterate the point of not putting more than one bandage in at a time. It is a common mistake to put in three or more bandages so as to be sure to have one ready when wanted. This makes the plaster work badly and in very quick plaster will cause lumps.

So much for the preparation of the bandages; afterward they should be carefully laid on their side in a tin pail with a very tight lid and kept in a dry place. It is best not to have too many in advance, although occasionally I have used bandages many months old with perfect satisfaction.

Preparation of the Patient for a Jacket.

Having now ready a pail of bandages, say about one dozen, the next step is to prepare the patient for the plaster. It is necessary to have on hand several yards of stockinette shirting which is especially prepared at the factory for plaster corsets and jackets. The author has always bought his supply from the Ford Surgical Instrument Company, of New York; it can, however, be obtained from any good instrument store. It comes in three sizes, small, medium and large, is seamless and of uniform width.

The advantage this shirting has over the ordinary shirt which is used by some is its cheapness—the absence of all thick edges and buttons; also the exact length can be cut and it saves the extra work of piecing out or sewing together two common shirts. It is tougher and of a finer stitch than the ordinary shirt, which makes it more comfortable; at the same time it is very elastic.

Having thus selected the proper width to be used the distance between the upper border of the sternum and the symphysis pubes is roughly measured with the material itself and then folded over the part remaining and cut straight across. This makes the piece cut a little more than twice the length of the corset, which makes allowance enough in length for the amount lost in stretching around the body. The clothes from the upper part of the body being removed, the patient's arms are put straight up over the head, with the hands clasped and the shirting drawn down over the head and shoulders into place. The lower half of the shirting is drawn down over the hips and legs and all wrinkles are drawn out. Now cut a small slit directly under the axillas, punch holes in each side of the slit pieces, and fasten them over the shoulders by means of a gauze bandage passed through the holes and tied on top of the shoulders. This is important, as it keeps the shirt up and prevents wrinkling while the plaster is being rubbed in.

A small amount of cotton is put over each breast to relieve any pressure at that point. Two towels are folded lengthwise about four to six inches wide and placed under the shirting and next to the skin, extending from two inches above the umbilicus downward. This completes the preparation of the patient.

Application of the Jacket.

The head is now buckled into the regular head sling devised by Prof. Sayre, and if it is a case of lateral curvature the arms are passed through the shoulder straps and the shoulder raised to correct as much as possible the curvature. Sometimes the placing of a book under the foot will tilt the pelvis and help to hold the trunk straight. This headgearing is attached to either a tripod or a hook in the ceiling, and with a compound pulley an assistant draws up the head just to the point of comfort. In adults this is all the stretching they can stand, but in children oftentimes the heels can be lifted from the floor.

A second assistant stands or sits behind the patient and helps to hold the pelvis still while the bandages are being applied. He also straightens out any wrinkles and does some rubbing.

The first bandage is begun about the middle of

the trunk and is continued down over the pelvis, winding around and around, overlapping the previous lap about half its width. The second bandage should be wound upward, and so on, in the judgment of the operator, running the bandages spirally up and down, making a uniform thickness from top to bottom.

Carry the plaster well down on a line with the great trochanters and well up in front and behind. After about ten bandages in an adult or six in a child are applied, the corset will be heavy enough.

Good plaster work must always be well rubbed so as to get every mesh of the crinoline filled; this makes the work strong and durable without taking

so much plaster, and is the secret of good light corsets. When the plaster is half set, and while the patient is still in the sling, mark with a pencil the outline where it is to be trimmed. Then with a sharp knife cut the extra edges away. This however can be done afterward, if the patient is nervous about the knife slipping and cutting him. The point which I am about to give, if observed, will relieve the operator and patient of a good deal of future trouble. It is to be sure to press quickly and gently, with one hand over the sacrum and the other over the umbilical region, the corset or jacket together just about the time it is growing hard and before the dinnerpad is removed or the medium cut is made. This springing of the jacket will relieve whatever pressure there may be on the crest of the ilium and will be a great comfort to the patient.

If the case is one of Pott's disease and a jacket is to be applied, pieces of thick soft felt are placed on

each side of the prominent spines and the first bandage is placed around those to hold them in place. This felt can be obtained from Alfred Dolge & Company, piano materials, New York. The extra shirting, if the work is a jacket, is drawn up, after the superfluous edges are trimmed off, and sewed to the top edge. If it is to be a corset, it is cut from top to bottom through the center and the patient carefully draws out of it sidewise. It is then allowed to harden and is sent to the saddler to be trimmed.

The weight of a good adult corset should not be over two and a half pounds and for a child about one and a half pounds. The accompanying cuts shows one of the writer's cases with what he considers a well fitting and light corset.

THE VIRULENCE AND SUBTLENESS OF GONORRHEA.

BY C. E. FISHER, M. D., CHICAGO.

Gonorrhea a Subtle Infection.

Gonorrhea is one of the most subtle diseases we are called upon to treat. It is doubtful if the laity have even the faintest conception of how virulent a disorder it is, and it is questioned whether the physician always looks upon it with sufficient seriousness. The time has not yet passed when a ten-cent syringe and a sugar-of-lead lotion or a sulphate-of-zinc solution are believed by many doctors to be the whole requisite armamentarium of the gonorrhea specialist. Many of us remember when there was a uniform fee of five dollars in gonorrheal cases. Even yet the drug-store prescriptionist and the sidewalk doctor look upon this as a legitimate fee, and upon the syringe and an astringent injection, with perhaps a prescription or two of sandalwood or copaiba, as all these cases require. And suffering mankind goes on suffering a list of disorders as long as the moral law from the ill-effects of gonorrheal infection, and will go on so suffering until educated to the knowledge that gonorrhea is always a serious disorder, a disease which leaves a long train of suffering, and which is one of the most difficult of cure in the entire category.

Hayden pronounces correctly when he speaks of it as the "most veneral of all venereal diseases." This author assures us that if everything goes on well we may safely promise our patient a cure in from four to eight weeks. But who has ever known everything to go on well in a case of clap? With me it has ever been one of the most perverse of all the obstinate diseases.

In the prognosis the same authority tells us that it is "good if the patient be perfectly healthy otherwise"—which holds true in but few people—"and if he will follow out all the details of treatment minutely and conscientiously;" at the same time uttering the caution that there are cases in which the most serious and even fatal complications occur, and that we are justified in warning our patients that "Gonorrhea is at best a grave and far-reaching disorder."

Would that our law-makers might have these words of warning burned into their ears until the brothel and bawd would no longer have a protected place in our municipalities—until organized society, under the guise of government, would no longer set a price upon crime and debauchery, upon the payment of which we, the people, become partners with those who engage in the nefarious business of bartering and selling the honor and manhood and health of the young men of the land!

Destructive Diseases Which Follow.

Gonorrhea is ever a serious disease, and it may even result fatally. Acute Bright's disease from suppressed urethritis is not of extremely uncommon occurrence. Infective diseases of the bladder and kidneys are often closely related to clap, in many instances directly traceable to this result of sexual debauchery. Acute articular rheumatism; septic endocartitis; infective pelvic inflammation; septic

pleuritis in tubercular subjects; metastatic meningitis and other violent acute diseases may occur from this cause, while the train of chronic disorders which follow upon gonorrhea covers almost the entire list of neuroses in both sexes, with manifold pelvic disorders in the female and prostatic and kidney disorders in the male. Epididymitis, the regular accompaniment of badly-treated gonorrhea, may light up tuberculous, syphilitic and carcinomatous diseases of this tissue, in those by heredity so predisposed, and acute articular rheumatism must always be thought of during its acute manifestations.

Illustrative Cases.

My attention has been called most forcibly to the virulence and subtleness of the gonorrheal poison by a series of cases at present under observation.

Case I.—Mr. I., a coal merchant of Chicago got gay while his wife was away from home and contracted a typical case of gonorrhea. To add to his supposed pleasures he must needs imbibe freely of the choicest spirits of Kentucky's cereals. The result of his frolic summed up as follows: a genuine case of gonorrhea; the glorious after-effects of a good-sized drunk; a six-weeks attack of articular rheumatism, which left him with a left-sided synovitis of the knee-joint; a stiffened leg from the synovitis; incipient paresis from the combined effects of the whisky and clap, in which, in my judgment, the latter plays the most important part; and, indeed, a general wrecking of body and mind. Mr. I. was not much given to the use of alcohol, nor was his spree of the nature of a genuine "whiz;" he was only "moderately drunk" for a brief while and was not long in recovering from the appreciable effects of alcohol. The gonorrheal poison has permeated every fibre of his frame, as it were, and he is on the down-grade at the comparatively early age of fifty-five—wrecked by gonorrhea.

Case II.—Another case now under treatment is a Mr. N—, a decorator and contractor, who "contracted" gonorrhea several years ago. He was promptly "cured" by the usual methods, only a slight attack of rheumatism complicating his recovery—this, however, several months after all appreciable effects of his gonorrhea had disappeared. After several years he began to suffer difficulty in voiding urine and consulted a surgeon. Sounds were passed and two slight strictures were broken down. During treatment by the sound method he began to develop cystitis, sub-acute in form, and for two years has not been free from this bladder complication. Then a mild prostatitis set up and there began to be a leakage of urine per rectum, examination revealing a prostatic fistula, the secondary result of the sound-treatment. Mr. N.'s family history is not good, showing tuberculosis on his father's side. His doom is sealed. A tuberculous fistula of the prostate, doubtless incited by the traumatism of treatment for stricture, depending upon gonorrhea, not offering an exceedingly favorable prognosis. For, while the prostate is, strictly speaking, not a gland yet it has so many minute glands in its muscular meshes that it affords a fairly good site for the location of tuberculous deposit. The hectic condition of systemic tuberculosis is beginning to show; the patient is losing weight; his appetite is failing; there is no ambition for business or pleasure; his sands of life are almost run.

Case III.—A third case is that of Mr. T., a young man of twenty-six. A moderate case of gonorrhea fell to his lot. A drug-store friend prescribed the regulation syringe and wash, which had "cured" hundreds in five to ten days. A typical case of epididymitis followed the first shot and he went to bed with what his parents were informed was a case of malarial fever. For three weeks he nursed his swollen testicle, or, rather, his swollen epididymis; strict diet was enjoined, freedom from exercise was observed, conscientious treatment was administered, yet for weeks this young man lay abed and lounged about the house before able to resume his business. And even then he was a wreck. Rheumatism hung around his joints; backache was his everyday portion; temporal headache was almost constant; his mind was so beclouded that he could not perform his usual vocations with accustomed satisfaction and he lost his place. Times were hard and he became discouraged, finally resorting to whisky and opiates to sustain his spirits and drown his sufferings. His present status is that of a mental, moral and physical wreck. Gonorrhea did it.

Case IV.—A medical friend had gonorrhea in early life. It ran the usual course, subsiding under constitutional treatment in due season and for years there seemed not to be any effects traceable to it. Finally locomotor ataxia symptoms began to show themselves. On going into the history and finding nothing on either side in the family tree pointing toward degeneration I suspected that the old gonorrhea might, perhaps, be responsible. Acting upon this hypothesis I prescribe a few doses of Thuja, and after two weeks of treatment there began to be evidences of urethral moisture and within a week more he was showing a plentiful discharge of thick, creamy pus. With the appearance of this his nervous symptoms began to improve and in the course of a few weeks he was apparently well, neurologically speaking, but was draining like a sugar tree. Any sudden suppression of the urethral discharge would be followed by increase of nervous symptoms, while, on the contrary, he felt well physically and nervously so long as the flow continued. For more than six months this lasted, the patient improving steadily, until finally, under Thuja, Sulphur and Psorium, administered almost if not altogether empirically, though always in higher attenuation, the discharge gradually subsided, the patient remaining well.

Resultant Complications.

One of the most frequent disorders met with from uncured gonorrhea is neuralgia. I have seen the most inveterate cases of tic douloureux recover from the administration of gonorrheal remedies. Migraine, neuralgia about the chest muscles and shoulders, myalgia, sciatica, ischial neuralgia and rheumatism, and inveterate occipital headache, which resist apparently well-directed remedies, will in subjects of gonorrheal infection often yield to Thuja, Argentum nitricum, Sulphur, Copaiba, Mercurius corrosivus, Pulsatilla and other remedies directed toward the gonorrheal state.

Finger gives a long list of diseases which are due to gonorrheal infection and pronounces this disease more subtle, more insiduous and more fatal than syphilis in its remote effects. And he is right. The stopping of the flow does not cure the gonorrhea. This is but the catarrhal evidence of urethral inflammation. The adjacent glands are always more or less involved. And through the lymphatics the infection is carried to the epididymis, the inguinal glands, the great lymph channels of the body and thus throughout the entire system. Then, too, there is given off from the gonnococci of Neisser their own ptomainic poison which permeates the entire

organism, leaving behind a train of suffering only recently recognized as belonging to so simple an ailment as gonorrhea has all these years been supposed to be.

Women, the innocent victims of the lustful depravity of their husbands, either before or after marriage, have their pelvic inflammations, their tubal diseases, their ovarian degenerations, their hysterias, their nervous break-downs and general wretchedness. And as in a measure compensating for the misery they bring upon innocent womanhood men suffer all the nervous degenerations and many of the more direct complications that go with gonorrhea. When we sufficiently recognize these facts and direct our treatment accordingly we will be able to clear up many a chronic condition which is now an unsolved problem. Strike a stubborn case of almost any kind in a man—well, just look up his "wild oats" history.

DISEASES OF THE TESTICLES AND THEIR COVERINGS.

By J. C. FAHNESTOCK, M. D., PIQUA, OHIO.

Relative Influence and Importance of Diseases of Men and Women.

In nearly every medical journal reaching my offices these are some hints or articles upon diseases peculiar to women; that is, to the organs of generation and their appendages. But how often do we see articles upon diseases peculiar to the male sexual organs?

So far as we know the facts of physiology are, with a very few exceptions, the same for man as for woman. Noting the difference between the follicular cell-growth of the ovary and the epithelial transformation in the testicles, and the special function of conception and that of parturition, in these only can there be any great difference. The physiological functions are carried on the same in men and women.

And yet the facts of disease are exactly opposite. There scarcely exists a disease which does not manifest quite a difference in the two sexes.

I admit that women are troubled with a whole host of diseases peculiar to themselves; but men have a few troubles, also, which might be looked after with some interest.

Nc doubt the fact of this woman having "womb trouble," or of that woman having "ovarian disease" or "lucorrhoea" or "falling of womb" is so frequently repeated that every person is accustomed to it and thinks nothing of the remark.

On the other hand, in what county, State or place do you know of a man going around the streets or to his friends and telling them of his orchitis, hydrocele or other sexual troubles!

Again, both men and women having special ailments are regarded with special dread for social as well as medical reasons. As a general rule, I think we will find that the women make known their troubles to their friends or physician much quicker than do men; but both are inclined to conceal them, or at least the nature of them, from a feeling of reproach.

After having revealed their troubles and having had the best of medical attention, the offending organ or organs still being beyond the stage of recovery, and the diseased organ acting as a foreign mass or material, this condition lasting until the body and mind are often beyond hope of recovery, the only chance left for the suffering patient for a longer existence is its removal. Woman gladly, or reluctantly, submits to the one lingering hope—removal—while man clings to his organs like the "mill stone" —but not about his neck.

Epididymitis.

In speaking of diseases peculiar to the male sexual organs I shall first mention epididymitis, the most common of all diseases affecting the testicle, and according to some of our best authorities occurring more frequently than all other diseases affecting that organ.

Specific urethritis is the cause of this trouble in the majority of cases. Statistics vary. Some authorities claim five per cent. of all gonorrheal cases have epididymitis, while others claim twenty per cent. are so troubled. Be this as it may, we must admit that gonorrhea is the chief cause of this trouble. These cases are generally cleared up by the use of Aconite, Pulsatilla, or other remedy, the symptoms indicating the drug.

The induration that frequently remains after the acute stage is generally cleared away by the use of Clematis, Sepia or Sulphur.

Orchitis.

In speaking of orchitis proper I think it is a trouble we rarely see, as most cases that are diagnosed orchitis are in reality epididymitis.

It is to be thought of in treating mumps, or in typhoid fever occasionally; but the majority of cases coming under my observation have been the direct result of rheumatism. In cases of orchitis as a general rule we will find the symptoms more severe than are seen in epididymitis, the nervous system being very profoundly affected. The quick pulse, high temperature, and all the symptoms are much the same as found in strangulated hernia.

In several of my cases a very severe form of erysipelas set in as a complication. And right here I will mention the local remedy I have found most beneficial in such cases, and that is a solution of Veratrum viride. Keep cloths saturated with a solution over the entire diseased area—at the same time using the indicated remedy.

In cases produced by traumatism there is a great tendency to erysipelas, gangrene and sloughing. In others the tissues break down and produce an abscess in the testicles; the sequences are the same as follows suppuration anywhere, plus a greater drain on the nervous system.

The remedies will be selected according to symptoms produced in the case. Very frequently the drugs are the same as in cases of epididymitis, plus those remedies used in traumatism, such as Hypericum, Arnica, Bryonia, Rhus, Conium and Baptisia. A solution of Baptisia may be applied locally.

Sarcoma and Carcinoma.

These diseases may attack the testicles, but are not of a very frequent occurrence. An early diagnosis is very desirable. The sooner the testicle is removed the better in each case, for little can be expected from medicines. Here the same rule applies as elsewhere, the earlier the removal the better will be the results.

The early stages of carcinoma may be confounded with sarcoma or a syphilitic or tubercular testicle, and specially the tubercular. Both are seen in young men, and very frequently it will be only through a lapse of time that the diagnosis can be positively made—the one through the cancerous cachexie, the breaking down of the general health, and with it the breaking down of the testicle.

In the tubercular form diagnosis may be cleared up by the tubercular deposits and the train of symptoms which naturally follow tuberculosis.

In sarcoma the symptoms may closely resemble hydrocele, and the differential diagnosis can be readily made by using the aspirator, or an ordinary syringe, by drawing off fluid if it is hydrocele; if no fluid is found we can suspect sarcoma, as the testicles in these cases are chiefly composed of solid elements but of a very elastic feel, similar to that in hydrocele.

In carcinoma and sarcoma remove the testicles as soon as diagnosis can positively be made.

Varicocele.

Varicocele is the "angle-worm scrotum," involving a branch of the pampiniform plexus of the cord, usually occurring on the left side of the scrotum; but it may affect both sides. With the varicose veins there generally occurs a sagging-down of the scrotum, which may extend half-way to the knees. This produces a pulling on the cord, and either causes or has a tendency to keep up seminal emissions.

There also may be a degeneration of the testicles and upon feeling that organ it has no resistance, only a soft mushy feel.

In these cases there may be all manner of reflex symptoms, from the slightest pain extending up the cord to very severe pains. This may go on until they produce a state of melancholia and its attendant symptoms. In these cases I generally ligate the veins in several places, using the subcutaneous method.

After it has been clearly shown that the veins are obliterated and absorbed the scrotum should be amputated so as to form a natural support for the testicles. After this has been accomplished and the indicated remedies faithfully tried, with all other accessory treatment, the testicle remaining soft and the emissions continuing the same, I believe the removal of the testicle is the proper thing to do, as we would better have a half-eunuch than an imbecile going around among us.

Hydrocele.

Hydrocele, or an encysted dropsy within the scrotall tissues, or within some of the coverings of the testicles, or the cord, is of quite frequent occurrence. The diagnosis should be made by elimination of all other diseases affecting those parts, beginning with hernia and going down the list.

The cure of this trouble is effected by injections which produce enough of irritation to cause the opposing walls to unite, in this manner obliterating the sac or cavity.

An injection of Sulphate of Zinc, two drachms of a 10 per cent. solution, has effected a cure in several cases for me. Carbolic acid xx to xxxx in glycerine makes a good injection.

A good formula for an injection is

Iodine gr.—x
Kali Iod. gr.—xxx
Alcohol oz.—j, using about two drachms at an injection.

If these methods fail resort to surgical means by amputating a part of the scrotum, and on closing the wound put a packing of carbolated gauze in the lower part, thus setting up sufficient irritation to cause the wound to heal by granulation.

Instead of a hydrocele of the scrotum or cord there may exist an abscess of those parts, producing most excruciating pains. This should be treated by the rules laid down for such trouble in any part of the body.

Syphilis may produce an enlarged testicle which may never yield to any medical treatment, and in such cases I think castration is the best remedy.

Orchidectomy or Castration.

I think everyone will coincide with the statement that for all testicles that are so diseased that their functions are lost, continuous treatment by the best methods being of no avail and the organ remaining a continuous source of irritation, castration should be performed.

The removal of a useless and diseased organ that is beyond repair not only relieves the patient of physical suffering but of a bowed-down spirit which may lead to a diseased mind that never can be restored.

There are various methods employed in castration. The old method of using a pin with a figure-of-eight around the cord and the stump left outside of the wound is still resorted to by a great many surgeons.

In this method the patient will suffer more or less pain for days, as it takes some time for the stump to drop off; after which the site of the stump will not be entirely healed, necessitating some remedy to stimulate the parts to heal by granulation. If we can safely use a method obviating this trouble I think there will be quite a point gained.

I have employed Morgan's method as described in the Homeopathic Text-Book of Surgery and like it very much, with the exception of the ligation, which passes around the cord and out through the integument. This is almost certain to produce suppuration to some extent at that point.

Author's Method.

To obviate this and do away with the nerve-pressure I operated quite recently and devised the following method, which did very nicely, and I think it worthy of a fair trial in other cases.

The usual precautions of shaving and cleansing the scrotum and surrounding parts are followed out rigidly. The testicle is caught up with the left hand and with scalpel an incision is made from top to bottom, then the testicle is raised out of the scrotum and all bleeding vessels are checked by torsion, or, if required, are ligated, always using cloths wrung out of very hot water. Bleeding being checked, I pick up the cord and separate the veins and arteries from it. Between these parts I pass a needle threaded with cat-gut and tie the artery and veins, then catch the cord with a forceps, not allowing it to retract into the abdomen, then cut the cord off below the place of ligation and see that all hemorrhage is checked; then a threaded needle is passed between the same parts catching up quite a bit of the cellular tissues; being careful not to make any traction on the cord but leaving it perfectly lax, I tie the threads, thus finishing that part of the operation. I next proceed to close the scrotum by using a continuous subcutaneous stitch. The operation is now complete, the parts are completely sealed and ready for a dressing, and the patient is put to bed.

By using this method there is no pain to speak of, and if proper care be taken there should not be a particle of suppuration.

SURGICAL SUGGESTIONS AND SAYINGS.

BY THOMAS LESLIE MACDONALD, M. D., WASHINGTON, D. C.

The Operative Treatment of Appendicitis.

After an experience with 216 operative cases of appendicitis Dr. W. B. Van Lennep, in the ablest paper on this subject ever presented to the American Institute, and which, as Dr. Wood says, "should be preserved as the surgical classics of our Society," has this to say of the operative treatment:

The question of operation must depend almost entirely upon the intensity and persistence of the symptoms. In a disease that may gallop so rapidly to a fatal issue this calls for frequent examinations at short intervals and a careful comparison of the results of each. Such questions must be settled largely by the individual experience of the attendant; and as this is influenced to a great extent by the run of cases each practitioner has met with consultation, with the consequent benefit of a multiplicity of experience, is most desirable. For instance, some men will treat so-called benign cases until lulled into a false sense of security with their first malignant one. I know of more than one rude awakening! Others will see so many operative attacks as to demand the knife in every instance and, incidentally, it may be said they are pretty safe guides to health. Still others will have one malignant case after another unsuccessfully operated until they arrive at the conclusion that nature should be left to take her course. Early recognition, early counsel and a few early operations are the indicated remedy.

My working plan regarding operation is about as follows: In a severe attack characterized by a sudden onset, and particularly by intense cardinal symptoms, with or without corresponding concomitants, operation should be undertaken at once. In a milder seizure, the more common form, recovery may be looked for with the hope of an interval operation. In deciding the question of persistence in such cases I have come to rely more than ever upon the twenty-four hour limit, and I believe that whenever doubt or would-be conservatism has induced me to delay I have had cause to regret the inaction. Appendicular colic or retention appendicitis, and the non-infective or benign form, give unmistakable and progressive signs of subsidence in much less time. Cases first seen at or after the end of this period, and in which the distinct symptoms of an attack are found, are better operated. Even after amelioration has begun, and in sub-acute lingering cases, all the symptoms must be frequently noted and compared to see that such subsidence is progressive. An aggravation, or even a standstill, calls for operation. The cardinal symptoms are again the deciding ones: An accession of pain, the flinching, the expression that says that pressure really hurts, and the involuntary stiffening of the abdominal muscles are danger-signals that must never be neglected. To a less degree the concomitant symptoms will aid us. While bowel movement, free passage of gas and abundant gurgles usually accompany subsidence, a slackened peristalsis should immediately arouse suspicion. By watching the epigastric valley an on-coming bloating is often recognized, and so is the approach or recurrence of vomiting by its precursor—belching. The observing eye, too, will see in the "sick look" the forerunner of the Hippocratic face of an established peritonitis. A rising or stationary temperature and a quickening pulse, especially when combined with a fall in the former, are ominous signs. The indications for operation and the time for interfering in extra-appendicular affections, localized or diffuse suppurative peritonitis, peritoneal sepsis, cellular phlegmons, etc., are strictly surgical techicalities and, therefore, beyond the sphere of this paper.

Operations in High Altitudes.

Powers, of Denver, after considering the comparative methods and results in surgical operations performed at sea-level and in high altitudes, summarizes to this effect:

(1) Operative surgery in dry climates, having an altitude of one mile or thereabouts, is to be pursued on the same general lines which govern it at sea-level. However,

(2) Care must be exercised in subjecting those recently from a lower altitude to severe or prolonged surgical procedure, especially if the patient be a pulmonary invalid or if he exhibit cardiac weakness; and

(3) It would seem that those who are thoroughly acclimated bear operation better at home than when they go to tide-water; and this again is particularly true of patients afflicted with pulmonary tuberculosis.

(4) Ether must be employed with great caution, and is more of an irritant to the respiratory mucous membrane. Chloroform may find wider employment than at the sea-level.

(5) The loss of blood seems to be rather less in the high, dry climate, possibly excepting cases in which the operative field is the seat of chronic inflammation.

(6) Shock also seems to be less pronounced, patients rallying rather more quickly after operation. In the tuberculous this feature seems to be marked.

(7) Aseptic wound management must be the same in all regions. Infection, when it occurs, doubtless makes less progress in a dry atmosphere than in one containing a greater degree of moisture.

(8) It is believed that accumulated statistics will show that operations for surgical tuberculosis are attended by a greater permanency of healing in the high altitudes, and that patients presenting such lesions, but whose lungs are yet free, do all possible to ward off pulmonary invasion by taking up their abode in such a climate as that of Colorado.—Annals of Surgery.

A Surgical Dressing.

An extensive report on the use of castor oil and balsam of Peru as a surgical dressing has been summarized as follows by Gallant:

(1) It affords a continuous, sponge-like absorption of the discharge, to the point of saturation, so that the ulcer or abscess is kept clean and dry. Under these conditions—

(2) Retention cannot take place, there can be no scabbing, no pain, no redness, no swelling; and if these are already present all subside in a short time after the first dressing is applied.

(3) Bacterial growth is reduced to a minimum, the production of ptomaines practically ceases, and, as they are not under pressure but are at once soaked up into the dressing, no lymphangitis or systemic absorption can take place and no fever be present.

(4) Epithelial growth goes on more rapidly than under any other dressing.

(5) No eczema occurs around the margins of the ulcer, owing to its clean and dry condition, and there is an entire absence of the irritation met with when antiseptic dressings are used.

(6) Removal is painless and bleeding does not occur, as the dressing does not adhere to the granulations. This bleeding is a too often overlooked source of re-infection.

(7) Granulations are never profuse and quickly shrink after the dressing is properly applied.

(8) It is an infrequent dressing. It need not be changed, on an average, oftener than twice a week.

(9) Irrigation, disinfection, or scraping of abscess cavities may be avoided.

"The dressing does not actively prevent suppura-

tion, it simply drains the wounds and keeps them in a clean condition."

The occasional growth of the bacillus pyocyaneus in the dressing is not prevented by the mixture. This bacillus is certainly harmless to wounds and does not delay healing. Of more importance are the varieties of the bacillus fetidus. These could be overcome by the use of say 1-to-500 dry bichloride gauze, used with oil, without local detriment. The green and violet pyoktanin gauze with the balsam oil did not always prove satisfactory.

The mixture in question is

R:
Balsam of Peru m xxx
Oleum ricini zi

—Annals of Surgery.

A Study in Hysterectomy.

From Dr. W. E. Green's excellent article entitled "A Study in Hysterectomy," before the American Institute of Homeopathy, we append some extracts:

Analysis of the statistics reveals the following facts: Total number of vaginal hysterectomies performed by the twenty operators, 1,009; primary deaths, 30; a mortality of 2.97 per cent. Ten operators who reported each from 3 to 30 inclusive gave 150 operations with 10 deaths; a mortality of 6.66 per cent. While ten who performed each, more than thirty (32 to 236), reported 859 operations, with 19 deaths; a mortality of 2.09 per cent. This would indicate that the death rate diminishes with the number of operations performed, or in other words, experience is a factor of no mean proportion in estimating the mortality of vaginal hysterectomy.

Method of Operating.—Three surgeons operated with the clamp exclusively; eight used either clamp, ligature or enucleation, preference usually being given to the ligature. Five operated by the ligature exclusively. Four by enucleation exclusively.

The mortality of those who operated by the clamp exclusively was 2.3 per cent.; those by enucleation, 5.2 per cent., and those by the ligature, 1.7 per cent.

Twelve operators applied gauze drainage in every case, while eight closed the wound complete in all but septic cases. Those who used drainage performed 658 operations with 22 deaths; mortality of 3.3 per cent. Those who closed the abdomen complete performed 351 operations with eight deaths; a mortality of 2.2 per cent.

Cause of Death.—Shock, hemorrhage, sepsis, embolism, intestinal obstruction and uremia were given. The reports in some respects were so indefinite that accurate estimates could not be made. Six deaths were attributed to shock, and nine to hemorrhage; of these latter seven followed the operation by enucleation, one the clamp and one the ligature operation. This is rather striking, considering the few operations, 128, that were done by enucleation exclusively. One death occurred from intestinal occlusion, one from embolism and one from uremia, while twelve were from sepsis.

Injuries.—Of the injuries sustained during the operation the bladder seems to have suffered most frequently. It was opened in ten cases. The ureters was next in frequency, they having been cut six times. The bowel (part not given) was twice injured and the mesentery torn once, causing death. Primary hemorrhage as an accident, complicating the operation, took place six times, and collapse occurred twice.

Post-Operative Changes.—Of the remote lesions following vaginal hysterectomy those of the nervous system seem to be the most universal. A study of the report inclines to the belief that the neurotic changes are usually functional and more or less transient in character. The sensory impulses incident to the natural menopause are usually early and strikingly developed after the operation, especially in cases where the ovaries and tubes have been removed with the uterus. All the operators report more or less flushing, flashes of heat, cardiac disturbances, sweating and occasional pruritis. A small percentage developed maniacal symptoms, but in every instance it was stated that the patient had been previously afflicted in the same way. The duration of these phenomena as reported by the various operators was from a few weeks to two years. Though generally more pronounced than in the natural menopause they were of shorter duration.

Sterility.—This seemingly the most important objection urged against hysterectomy assumed a minor position in the reports of these operators. It was usually held that the existent pathological condition had long since rendered the subject barren, and it is generally for the relief of the suffering by these lesions that the operation is performed.

Obliteration of the Connubial Feeling.—The assertion so often made that hysterectomy produces a condition of sexual frigidity is controverted by these reports; ample testimony is given herein that the subject who has undergone hysterectomy, usually, so far as feeling is concerned, is competent to fill the requirements of her wifely station. In many subjects, through the removal of hypersensitive diseased organs, the natural feelings are restored, in some it is exaggerated, while in a few who had never in their lives experienced an orgasm a moderate degree of feeling was established. The modification of womanly traits and characteristics, rendering the subject of hysterectomy masculine, morose or irritable, is not verified by this report.

Changes in Physique.—While some patients take on an excess of fat and few grow thin after hysterectomy the operators very generally reported a marked improvement in the physical condition and appearance of patients.

Vaginal Mutilation.—While all operators conceded more or less abridgment in the depth of the vagina a very limited number of atrophy was given. But not a single case of hernia in the vagina was reported.

Co-Removal of Uterus and Appendages.—When removing the diseased utterus through the vagina nine operators recommended the ablation of the ovaries and tubes at the same time. Six advised allowing them to remain if healthy. Two removed them in young subjects but left them in old, and three were non-committal.

Cancer of the Uterus.—I expected an exhaustive report upon this most important subject, but, with very few exceptions, the statistics were vague and incomplete. This was especially noticeable in regard to the recurrence of cancer after removal of the uterus. However, the operators were a unit in regard to the advisability at the earliest possible moment that a correct diagnosis could be made, in fact, many advised its execution even in suspicious cases, thereby giving the patient the benefit of the doubt.

An operable case in cancer of the uterus was in substance, in every instance, defined to be one in which the organ is freely mobile, the infiltration not having extended to adjacent structures. It is understood that this applies to cases in which immunity from return is to be expected.

The answer to the question, "When does cancer

of the womb cease to be a medical and become a surgical case?" was likewise a unit, in substance as follows: "Immediately upon the diagnosis of the disease." The most unique answer was probably given by my friend Macdonald, who stated that "A case of cancer of the uterus is never medical until after it becomes inoperable."

In reply to the question, "Do you believe that the disease can be cured by the internal administration of any known drug?" every operator answered "No," without qualification. An equally emphatic declaration of "Yes" was given to the query, "Do you speak from personal experience?"

The inefficacy of drug treatment of cancer of the uterus is so summarily and positively dealt with by these operators that the subject may well be dismissed without comment. (The author had operated thirty-two times without a primary death.—T. L. M.)

A Pubic Foramen for the Spermatic Cord.

In the Presse Medicale comes a description of Nelaton's and Ombredanne's method of diverting the spermatic cord and causing it to pass through the pubic bone, in order that the inguinal canal may be more effectually closed during operations for inguinal hernia. The canal is cut through, the pubic bone is button-holed, a chain-saw introduced and the bridge of bone removed (converting the foramen into a notch) and the cord is dropped therein.

(Note.—It looks feasible, but in all probability the subsequent growth of the bone will threaten the integrity of the cord.—T. L. M.)

Old Cicatrices.

Under the title of "Old Cicatrices as a Result of Lacerations and Ruptures of the Body and Fundus Uteri, a Cause of Disease Not Hitherto Described," Dr. Lee presented a paper at the section of Gynecology in Buffalo, and thus described a case, which he emphasized by an illustrative specimen: In this case I was unable to find sufficient cause for her profound invalidism. Yet her symptoms were clearly referable to the pelvic organs; and when the dilator broke through the cicatrices and opened the pelvic cavity hysterectomy became necessary, and the uterus afforded ample explanation for her profound disease.

Another case, in which I had similar experience, had been admitted to one of our hospitals, and treatment afforded no benefit. She somehow found way to me, and her case seemed to be one in which the cause of her suffering was centered in the pelvic organs, yet careful examinations were not adequate for the discovery of the lesion. There was relaxation of the parts and one of the ovaries was prolapsed and sensitive. Yet these conditions did not sufficiently explain the gravity of her disease. From the examination. I felt hysterectomy scarcely justifiable. Her physician believed that the cause of her trouble was centered in the uterus and strongly urged its removal. I finally consented to follow his advice, and there were to be found the old cicatrices in the body of the uterus which explained the cause of her condition. She began to recover, as it seemed, from the date of the operation. She became more cheerful as time passed and soon sat up in bed, then in a chair, and finally walked about the ward with the aid of the nurse, which she had not been able to do for years. She left the hospital at the end of the sixth week, soon began to take walks and rides in the open air, and within a year had regained her old-time flesh and strength, and remains well.

Surgery in the United States Army.

The conductor of this column had the superlative privilege, while recently visiting an army post, to be invited to assist at a surgical operation performed by a supposedly competent and experienced surgeon, holding the rank of major. The writer was greatly interested in seeing how surgery was done in the army. He was somewhat surprised to note the numerous defects in antiseptic detail, but was inclined to be lenient, till a portion of the hand was amputated and the arteries tied with unboiled silk ligatures, left four inches long and hanging from the interior of the wound. These were to be pulled and tugged at daily for the subsequent fortnight or so to get them away. Of course suppuration was unavoidable, not to speak of the unnecessary pain to a sensitive woman, or the retardation of healing.

And yet these men talk about their antiseptic surgery, and have control of the post hospitals, the surgery of the army, and doctor all the whooping cough, eczema, measles and "ring worms" of the soldiers, the officers and their families. This is the surgery of the glorious army of this glorious United States, in which the surgeons of our school are not allowed representation because they are not good enough (?).—T. L. M.

Gynecology.

BORAX IN LEUCORRHEA.

WILSON A. SMITH, M. D., CHICAGO.

There is one school wherein the master never makes a mistake, and that is the school of experience. After trying everything else to make a rapid cure in a case of vaginitis I have learned that the best way to cure those cases is the homeopathic way. This patient had been the rounds of doctors and local treatment without end, and of numerous varieties, and still had the discharge. She had used douches of iodine and salt, had enjoyed the same method in using hydrastis, had tortured herself with zinc preparations, had used up a lot of time lying in bed to allow these treatments to be effective, and still had leucorrhea.

I have never gained anything, therapeutically, by leaving the methods taught in homeopathic colleges and trying those of the opposite school. This much I have learned by experience. I have not made as rapid cures by local treatment as I have by the remedy which corrects the normal condition that produces leucorrhea (a symptom), and this, too, I have learned in the school of experience. My preceptor was a liberal homeopath; too liberal as I look back at his teachings and find the many things I have had to unlearn in the years that I have been practicing medicine.

But to the case:

Mrs. — — had been suffering from a leucorrheal discharge for two years prior to the date of consulting me. This was in May, 1897, when she gave the following history: "I apparently took a severe cold but recovered from that, when I noticed that I had a slight discharge from the vagina. Thinking it would soon cease after I had regained my normal health I paid but little attention to it until I found that it was causing considerable itching and occasionally making me sore, although I took daily baths for cleanliness. After permitting it to go on for three months and gradually becoming worse I consulted my family physician, who suggested an examination; upon making it he said I had engorgement of the neck

of the womb (aereolar hyperplasia) and that he could soon cure me. I took treatment from him for six months, consisting of local treatment, the use of glycerine tampons and douches of three quarts of hot water three times a week. I was always better the day following the treatment, but as bad as ever the next day. I tired of going to him and found that the use of hot water alone was as effectual. Then I went to another physician, and he told me I had ulceration of the womb. I treated with him for three months with no improvement and have been going from one physician to another until I come to you."

An examination presented a red, inflamed mucous membrane, partly covered with a secretion resembling the white of an egg. She said that it made her sore and that she was worse just before and after the menstrual flux. It was accompanied with a sensation as of a hot fluid running down the thighs, and she complained of a sticking pain in the clitoris at night. The menses were too soon and too profuse, although she never thought of them as being like a flooding. She was exhausted during the flow.

The guiding symptom in this case was the stitch in the clitoris at night, a characteristic of Borax. Upon searching I found all the other symptoms under this drug, and she was cured with but five powders of the medicine, and strange as it may appear, was cured to stay cured. Nearly four months have elapsed and not a single appearance of a discharge except the normal menstrual flow has been noticed since that date.

And the lesson? This: When a woman presents herself for treatment to a homeopathic physician it is his duty to gather the symptoms and from them select the remedy. I might have reached a set of symptoms much easier than I did but it would have been useless in selecting the drug, although it might have led to the exhibition of Pulsatilla or Sepia if I had, and I might have had a patient some time longer; but not so good a character as I enjoy among the friends of the lady, who has cause to congratulate herself that she fell into homeopathic hands. She had no local treatment nor examination after the first one.

One might preach quite a discourse from such a case; but there is one other point I wish to bring out and then I have reached where the preacher usually says, "And, finally, brethren." In gathering the symptoms it is not enough to find that the patient is despondent, but when; that she has leucorrhea, but of what kind; that she has a discharge, but when is it aggravated; and when all these things are found out then we can select the remedy which will do the patient good, and the doctor also.

Institutes of Medicine.

KINDS OF CURE.

CHAS. S. MACK, M. D., LA PORTE, INDIANA.

It seems to me that enough attention has not been given to the fact that there are various kinds of cures, and to the difference between any other cure and that of which similia is the law.

I regard it as of immense importance—really incalculable importance—that a perfectly clean-cut distinction be made between the cure of which similia is the law and any other cure. One thing which impresses me as a use of such distinction is that it entirely disarms those who criticise us homeopaths for, while calling ourselves homeopathists, resorting to various practices which have nothing to do with homeopathy. Every attack of a piece with that criticism can be turned into an opportunity for explaining just what homeopathy is, if only one has at command a definition of the cure of which similia is the law, and can show the difference between that cure and any other.

I think that students in our colleges often do not receive adequate instruction upon this point, and that, because of never having had such instruction, they throughout life let pass unused opportunities for spreading a knowledge of just what homeopathy is, and of how advocacy of it is perfectly consistent with enthusiasm over everything else that is good in medicine.

It seems to me that our graduates ought always to be ready either to inform or else to demolish the old school physician who asks: How can you, consistently with your claim that similia is a law of nature, adopt, as you do, various practices which certainly are not dictated by similia?—to inform, when the question is asked seriously—to demolish, when it is asked carpingly. And this, it seems to me, they cannot do most satisfactorily without a definition of the cure of which similia is the law—a definition making plain the difference between that cure and any other cure. When the cure of which similia is the law is defined it will appear not only that it differs from but that it (in a sense) ranks higher than any other cure attainable with drugs. Thus this definition assists us not only in showing that the homeopath can consistently adopt empirical and rational practices but in showing why it is that homeopaths, though they do not practice homeopathy only, still feel called upon to identify themselves by name with homeopathy when upholding it in the face of those who would sweep away every trace of that which (in a sense) ranks highest among cures with drugs. The homeopath, whatever his practice in a given case may be, constantly proclaims by his name, homeopath, that pre-eminent among cures is that of which similia is the law.

Is homeopathy ever to be accepted by practitioners generally? I should not wonder. But it seems to me improbable that there will ever be any near approach to such a consummation until it shall have become generally understood just what cure similia is the law of, and that it is the law of nothing else. It seems to me that it would immensely conduce to the further spread of homeopathy if we homeopathists were more in the habit of accurately defining the cure of which similia is the law. That definition will say nothing pro or con regarding palliatives, germicides, hygienic measures and various things else than homeopathy; but it will make clear the fact that the cure of which similia is the law ranks, in a sense, higher than any other cure that it is possible to undertake with drugs—it will make clear that rational practice cannot attempt that cure.

This definition will be worded in various ways by various men; the special desideratum is that it be accurate, complete and concise. The wording which has occurred to me is as follows:

The cure of which similia is the law is such modification of the quality of vital processes and their effects that, whereas these processes and effects are abnormal, they shall become normal (or approximately so) as the immediate (i. e., not secondary) result of the medicine used.

Will not someone offer a definition that is complete, but more concise?

Correspondence.

REGULAR LONDON LETTER.

BY DR. GEORGE BURFORD AND MR. DUDLEY WRIGHT.

Since our last letter many things, as Lord Beaconsfield would say, have happened. We have had an important Homeopathic function in this country, a great Memorial Dinner at the Hotel Cecil, to which all the friends of Homeopathy, both lay and medical, were bidden. During the course of a brilliant evening the Chairman, the Viscount Emlyn, announced that about £7,000 ($34,000) had been subscribed to free the New London Homeopathic Hospital from building debt. This well-equipped institution, recently erected at a cost of $200,000, is now paid for; the friends of Homeopathy in this country have responded with alacrity to the call for funds, and British Homeopathy has received the finest stimulus of the present generation.

Ampler facilities bring ampler work. The medical staff of this hospital have essayed a post-graduate summer session, with courses in all the general and special departments of practice, and whose dominant feature was to be the clinical and demonstrative element. This post-graduate course has recently been successfully carried through. Beside British workers we have had Dr. Munson, of Rushville, and Dr. Jean Gliddon, of Chicago, as representatives from American soil. Both the doctors in their energetic and thorough-going search after knowledge have left excellent records, and have well maintained the credit of the Alma Mater that graduated them. Next year we intend a similar course, and we trust again to welcome the bright intellects of the Western Hemisphere.

Your ambassador, Dr. J. Richey Horner, did us excellent service in his late residence in England and since his return to you; and we value highly his admirable efforts to bring the Homeopathy of the New and Old Worlds into solidarity.

The British Homeopathic Society has concluded its session of 1896-97. Many valuable and practical papers have been presented and discussed in Materia Medica, General Medicine, Gynecology and Surgery. Dr. Wilkinson of Windsor is now engaged in directing the re-proving of remedies whose action is allied to diabetes.

A Hahnemannian oration has been arranged for by the medical staff of the hospital, to be delivered in October and as initiating the winter work. It seems desirable that our cult should have at least one day in the calendar to celebrate its famous men.

Recently quite a considerable number of our transatlantic colleagues have honored us with their presence at the hospital. Drs. McDowell, Helfrich, Fellows and George Shepard have paid visits to the clinics and have been present on occasions in the operating theater. Dr. Seabury has also been a very regular attendant at the operations.

It always gives the staff of the hospital much pleasure to see our American confreres, and each of us will always be ready to welcome them to our shores and show them what work is being done over here.

The editors of the London Homeopathic Hospital Reports hope to bring out the sixth volume shortly. It promises to be an excellent one, quite up to the standard, and will contain among other matters some of the best of the post-graduate clinical lectures delivered at the hospital during the past session.

One more piece of news concerning the hospital. The Board of Management, recognizing that the success of Homeopathy, no less than the convenience of the Homeopathic practitioners, demands nurses thoroughly trained under the aegis of the hospital, have decided to build at the cost of £4,000 a new nursing institute which shall accommodate a large number of nurses who have been fully trained at the hospital. This building is now in the course of erection and adjoins the new hospital which so many of you have seen, and it is hoped that it will be finished by the new year. In the past the demand for our nurses has been in excess of the supply, and it is expected that this new departure will fully meet this difficulty.

During the past year the wards of the hospital have been exceptionally full, and many interesting and rare cases have passed under treatment.

The following uncommon forms of abdominal tumors have been under Dr. Burford's care in the gynecological wards, and in our next letter we hope to give short extracts of some other interesting cases which have presented themselves.

Dr. Burford's Cases.

(1) A mesenteric cyst, containing emulsified fatty fluid, in a single girl over thirty. The cyst was incised and drained, drainage being continued for a period of six months. At the end of this period the sinus had quite closed.

(2) A strangulated ovarian cyst of some duration, with universal adhesions. The only constitutional sign of distress was a nocturnal temperature of 105 degrees. There was neither local pain nor any constipation. Laparotomy was successfully performed, and the patient now is in excellent health.

(3) A large pyo-salpinx, containing over twenty ounces of pus, in a patient some thirty-five years of age. In this case there was no rise in temperature, the local symptoms being those of acute distress and constant pain. This patient has had her health completely restored by abdominal section and removal of the distended tube.

(4) Ovariotomy during pregnancy. The lady was a multipara, between thirty and forty years of age, and the cyst was discovered at the seventh month of gestation. Operation was immediately carried out and the cyst removed. The patient did not miscarry, and was safely delivered at term of a daughter. The cyst was multilocular and about the size of an adult head.

THE CLINIC CITIES OF EUROPE.

BY GEORGE R. SOUTHWICK, M. D., BOSTON

The physician visiting Europe for study with only a limited amount of time at his disposal is often in doubt as to where he can spend it to the best advantage. Much depends on the department of medicine in which he is most interested. It is a question whether certain places can be called the best ones, as there are many good clinics; but in a general way the following can be recommended safely:

Vienna is hardly as good as formerly and much more expensive; but the fact that nearly all the important clinics are within five minutes' walk of each other makes it possible to use the time at one's disposal to better advantage if a number of courses are taken than in any other European city. It is particularly good for physical diagnosis, obstetrics, pathology, bacteriology, surgery, and skin and venereal diseases. The courses last one month each and

cost from ten to twenty dollars each. The total expenses per month in Vienna will be not far from one hundred and twenty-five dollars upwards. Vienna is one of the very few cities where work can be carried on in the summer, though the winter courses are the best, but crowded. A program of most of the courses for physicians can be obtained from the porter of the Allgemeines Krankenhaus for about ten cents.

Prague is a close second to Vienna for medical study where time is not so limited and obstetrics is especially desired. It is best adapted to a stay of not less than three months and is much cheaper than Vienna.

Berlin is particularly good for operative gynecology. Twice a year, spring and autumn, courses for physicians are given for a month or six weeks, each of which is very valuable. A list of these courses with fees for each can be obtained from the office of the University librarian on Ziegel Strasse. Berlin is one of the best cities, if not the best one, for a student to visit who wishes to specialize one subject, and who can remain at least six months. The work there is not laid out to good advantage for the study of a variety of subjects in a limited period of time, as much time is lost going from one clinic to another.

Leipsic offers good opportunities in obstetrics, gynecology, surgery, bacteriology, and for cystoscopy. The clinics are smaller than in the places mentioned above but are conducted by eminent men and living is very cheap. The University building has been rebuilt and now ranks with any of those in Germany.

Heidelberg is highly esteemed for its surgical clinic, but there are few if any surgical clinics in Europe of which one hears so much as that of Prof. Kocher in Berlin. His more recent work in resection of the pylorus for malignant disease is attracting much attention.

Paris, like Berlin, requires a prolonged stay for a student to spend his time to good advantage, and the chances are that a majority of men will find Berlin more to their advantage. The obstetrical clinic conducted by Pinard is a model of accuracy and far more attention is paid to preserving premature and weak infants than in Germany. The gynecological clinics attract eminent men from all parts of the world. The free use of the clamp instead of the ligature enables the French operator to do his work with certainty and ease in an almost incredibly short time. The clamp must be used with good judgment, however, and it is very essential that the best models are used as there are many poor ones on the market and the patient's life depends upon the secure clamping of the blood vessels. The German operators use the ligature as a general rule in preference to the clamp. Cat-gut has been abandoned almost entirely, though I saw it used in two of the principal Berlin clinics. Silk, thoroughly sterilized, is now generally employed. The aseptic rather than the antiseptic methods of operating are most used.

The surgical treatment of uterine fibroids by the latest methods of operating has obtained wonderful results, so that now it is a rival of ovariotomy for a low mortality. It has taken a long time for surgery to learn how to manage the pedicle and to avoid the ureters, but the simplicity of the modern methods makes one wonder why they were not used before.

The surgical treatment of uterine displacements, even by Alexander's method, has not been as successful as desired, nor is it yet perfected; but a more perfect method than that of Jacobs for complete procidentia in old women is hard to imagine. Hysterectomy alone is liable to end with prolapse of the vagina and intestine, a condition worse than the original procidentia; but if the redundant tissue is resected and the remainder securely moored to the shortened round and broad ligaments there seems no possibility of recurrence.

Complete extirpation of the uterus and ovaries when both appendages are diseased is now a general rule.

Caries of the extremities has been treated with some success by immersion in petroleum, the application of a rubber bandage and careful massage over all. Good recoveries in young persons, with some use of the extremity, are sometimes obtained in very severe cases.

Serum treatment, and what might be termed isopathic treatment, are now popular fads, and it yet remains to be seen how the treatment of pneumonia with pneumo-coccus serum, Addison's disease with pulverized supra-renal capsules and climacteric disorders with extract of macerated ovaries will result.

MEDICAL LEGISLATION—AN OPEN LETTER.

As a reader of the Medical Century I desire to express my gratitude for and appreciation of the able manner in which you handle the question of medical legislation. Of all the schemes concocted and impositions and insults foisted upon any people that of the American Medical Association for the elevation of a higher standard of medical education stands at the head of the list. I need not enter into detail, as you have touched the key-note. I wish you would put your views in pamphlet form and distribute them broadcast that the people as well as many of the profession may be properly informed upon the subject.

The only kind of examination that I can conceive of that can in any way tend to give us more proficient doctors will be to establish a tribunal or court of some kind to examine the teachers and professors who occupy the various chairs in our colleges, and try to find out whether or not they are capable to instruct in the branches to which they have been appointed. If they possess the necessary qualifications to instruct it must be granted that they can find out in four years whether or not a student is safe to go among the people to practice the art of healing; and it must also be a reasonable concession that if they cannot find out in four years no one now can in a few hours.

It is already conceded by some of our best teachers in public schools that the final examinations do not do justice to the best of the students, as they do not possess the tact of telling all they know under circumstances which tend to confuse and frighten; and this holds true of children of older growth. After I had escaped from the presence of the professors and censors of the New York Homeopathic College in 1879, I am quite sure I felt I had about all the examination I wanted; and I think "there are others." I say examine the students before they begin and then put them in only good hands, and I am confident we will soon be proud of our American physicians and surgeons.

T. S. TURNER, M. D.

Binghamton, New York.

AN AMERICAN VIEW OF IT.

I have been home from England about a month. I had hoped to see you on my way home but could not. I spent all my time, three months, in London,

and most of it at the London Homeopathic Hospital. They gave an excellent post-graduate course.

I was very much pleased both with the physicians and their work at the hospital, and also had the pleasure of attending two meetings of the British Homeopathic Society while in London. They told me it was their intention to continue the post-graduate course each year, and I would heartily recommend any one intending to spend three months abroad to take this course. Their clinical facilities are almost unlimited.

I enjoy reading the Century very much, and was sorry when you changed it from semi to monthly.

H. O. MUNSON, M. D.

Rushville, Ill.

CONNECTICUT NEWS-NOTES.

The forty-seventh annual meeting of the Connecticut Homeopathic Medical Society was held in New Haven. There was but a small attendance at the business session, partly due to the fact that the members endeavor to attend to their morning office hours before setting out for the meeting. The results of the elections were as follows: President, M. J. Adams, M. D., of West Haven; Vice President, E. S. Smith, M. D., of Bridgeport; Secretary and Treasurer, E. C. M. Hall, M. D., of New Haven; Librarian, G. H. Wilson, M. D., of Meriden.

Dr. Geo. S. Adams was present as a delegate from the Massachusetts society.

It was decided to hold the semi-annual meeting in Bridgeport.

The retiring president, A. W. Phillips, M. D., of Derby, delivered a very good address embodying an eloquent plea for the use of the single remedy.

On behalf of the Bureau of Sanitary Science, Dr. G. H. Wilson, of Meriden, spoke on "The Relations of the Medical Profession to Public Hygiene." In the course of his paper the doctor dwelt at some length on the excellent results of filtration of the water supply of towns as shown at Lawrence, Mass.

Clinical Medicine and Pathology.

The Bureau of Clinical Medicine and Pathology presented one paper, that on "Erysipelas from a Bacteriological Point of View," by B. H. Cheney, M. D., of New Haven. Dr. Cheney was able to say that in his thirty-five years of practice he had met with no mortality from erysipelas. Accepting that traumatic erysipelas was the sequence of the presence of the streptococcus in the trauma, Dr. Cheney thoroughly endorsed the use of antiseptic measures for these cases. In the so-called idiopathic or facial erysipelas antiseptic measures were useless as the case when seen was beyond their aid. Albuminuria often accompanied erysipelas. As homeopathic remedies he mentioned Belladonna, Apis, and Rhus tox.

Dr. E. S. Smith, in opening the discussion, pointed out how the homeopathic remedy selected for the symptoms of erysipelas also suited the complication of albuminuria.

Dr. H. P. Cole, of Hartford, spoke of his successful use of small doses of sulpho-carbolate of soda and sugar in equal parts to antidote the poison that is at work. By its use the deep, dull, coppery-red look in grave cases was changed into a brighter hue, and a more amenable form given to the disease. Referring to Dr. Cheney's remarks on the use of the streptococcic antitoxin in cancer and sarcoma he related the case of his own mother, in which it had been used for what was probably sarcoma of the ovary. Two injections reduced the temperature from 102 degrees to normal. After the fourth injection there was a slight rise of temperature. At the end of a week of treatment with the serum the pain, which had formerly been excessive, was almost entirely removed, the size of the growth was reduced by one-half, and the patient was able to be out of bed and about the house. After a time the serum lost its hold and other toxine preparations were used.

Dr. W. S. Mills said that while serving as interne at Ward's Island Hospital, New York, facial erysipelas broke out. Graphites 6 was prescribed and no local treatment used. None of the cases was lost.

Dr. C. S. Keeler recommended Calendula as a local application.

Dr. A. H. Baldwin, of Norwalk, lost a case of facial erysipelas in an infant of six months. The inflammation spread over the forehead until it reached the anterior fontanelle. The baby then became comatose and died shortly afterward.

Materia Medica and Therapeutics.

In the Bureau of Materia Medica and General Therapeutics three papers were submitted: "The Study and Application of Materia Medica," by E. E. Case, M. D., of Hartford; "A Plea for Liberality and Scientific Methods in Therapeutics," by E. H. Linnell, M. D., Norwich; and "The Curative Action of Drugs," by E. B. Hooker, M. D., of Hartford.

Dr. Case believed that the study of Materia Medica should start with the thorough mastery of one of the polycrests, all the other drugs being learnt in comparison with it. The application of the remedies depended entirely upon the symptomatology of the case and not at all upon its pathology.

Dr. Linnell claimed that it has not yet been proved that similia similibus curantur is the only law of cure. If after a faithful trial of homeopathic remedies selected according to his best knowledge the case did not progress, he wanted the liberty of using some other method of treatment.

Dr. Hooker wanted Hahnemann's speculations about the way in which homeopathic remedies acted disassociated from his law of cure. He thought that the usefulness of medicines was limited, that much of the work they were asked to do really called for surgical, mechanical, antiseptic, or antidotal treatment.

Dunham Medical Club.

The Dunham Medical Club, of Hartford, met with E. W. Kellogg, M. D. Dr. Kellogg gave a very interesting description of a case of tubercular peritonitis. The only symptoms to start with were those of gastric distress. There was no constipation or diarrhea. As the case progressed pain in left ilio-caecal region gave rise to a suspicion of appendicitis, and as a fatal result seemed likely to ensue, recourse was had to an operation. When the abdomen was opened the intestines were found matted together, and their peritoneal covering was studded with minute elevations like millet seeds. The appendix could not be reached on account of the adhesions. No further steps were taken, and the patient finally recovered from the disease and is to-day as well as anyone.

Dr. E. C. King related the history of a case bearing on the same topic. The patient, an elderly man, was obliged to keep his bed on account of great weakness. Physical examination revealed the signs of a breaking down of the apex of one lung, and over the abdomen were scattered numerous nodules. These nodules seemed to be below the skin. There were no symptoms of pain or of any other kind. The diagnosis favored by the members of the club was slowly progressive tuberculosis. An exploratory operation on the abdomen was not to be advised.

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OCTOBER, 1897.

Editorial.

AMERICAN INSTITUTE REFLECTIONS.

Great bodies move slowly; the Institute is a great body; therefore the Institute moves slowly toward necessary reforms and there need be no discouragement because it did not decide at Buffalo to shorten its sessions. The move is in the right direction. But a small per cent. of the attendance stays the meeting through. The closing sessions, often very important, are usually attended by but a baker's dozen. Not one-third of those present during the first part of the meeting are on hand during the last part of it. It is not necessary to enumerate the reasons for this state of affairs. It should be enough to know that it is a fact. And it has been a fact for a number of years past that owing to the length of the sessions the attendance is not uniform throughout, and because of this length the greater part of the membership is prevented from participating in all the sessions of an annual meeting.

There need be no deterioration in order to shorten down the sessions. On the contrary, there should be improvement in every one of them. As now conducted there are a few general sessions which are well attended, the rest being limited in interest and in numbers present. Hundreds of members do not attend at all because they cannot remain the eight or nine days set aside for the meetings, and because the programmes are so disjointed and broken up that it is impossible to bunch the sessions that are allied, hence it is not accounted worth while to go at all. This is one of the chief reasons for the smaller attendances of recent years. Many former enthusiastic Institute men are becoming tired of the protractedness and consequent disjointedness of the sessions, and are lagging in one-time enthusiasm and interest. As an indication in this direction it may be proper to call attention to the fact that the general secretary was unable to remain throughout the length of the Buffalo meeting, and very many of the principal scientific workers were not able to attend more than one or at most two of the sectional meetings in which they are particularly interested.

It is believed five or six days are sufficient for the work of the annual meetings. The chief objection which has thus far been offered to the shortening is the fact that it is not possible for some of the members to attend without traveling on Sunday or starting a day in advance. Well, suppose they start that day in advance. They will not be away from home longer than now, while others who would like to attend but who cannot be absent from their fields of labor so long will be enabled to enjoy the full meeting. The former class are in the minority, the latter in the large majority. There should be no quibble on this point; it is hardly worthy of mention, much less serious consideration.

The length of the sessions, the disjointedness of the programme, as demanded by the present long drawn out convention, the inability of members to stay through the successive sessions of the sections and the consequent lagging interest in them tell a story which should be heeded. We should be more practical. Not one convention in a hundred, no matter what its nature, whether medical, scientific, literary, religious or political, drags over the length of time that does the American Institute of Homeopathy. We should concentrate our energies upon a lesser number of better sectional meetings.

The Surgical Section.

At Buffalo Dr. Macdonald, of Washington, was chairman of the section in surgery. Deviating from former plans he limited the number of papers to the smallest reasonable number and succeeded in having an unsually good series. His resume of the surgical progress of the year was practical and entertaining. Dr. Shears' excellent article on gall-stones was the crystallization of present-day knowledge on this subject, elucidated and exemplified by his own large experience in the surgery and medication of diseases of the gall-bladder. It was sufficiently comprehensive to satisfy the most surgically inclined, yet proved of value to medical men in that it set forth with unusual succinctness and practicability the indications for the homeopathic remedy and adjuvant treatment. It was one of the very best papers of the meeting, and will add special value to the surgical part of the volume of Transactions. Van Lennep's contribution on appendicitis was perhaps the most surgically surgical paper of the convention. The accomplished author regards appendicitis as always a surgical condition. So do Macdonald, Lee and Green. Shears is not so emphatic on this point. St. Clair Smith has had an experience all his own and stands for above an hundred cases treated successfully medically. J. S. Mitchell has reported almost as great a number, but, unfortunately, his records include a majority of cases previously considered by him to be typhilitis, enteritis, peritonitis and other inflamma-

tory conditions and only recently set down by him to have been cases of appendicitis. There is a lack of preciseness of diagnosis just here which detracts from the value of this collection. Likewise St. Clair Smith's collection may be somewhat open to analysis, since they cover a long period of time, including many years during which appendicitis was not yet distinctly classified.

Perhaps the middle ground is the most tenable. And, after all, it is not the disease per se but the patient himself which dies or gets well. Appendicitis in Smith may be necessarily a fatal disorder while Jones may withstand many an attack. Brown may, perchance, live through a large number of recurrences, while Thompson may die upon the first call. Is it not possible that we are overlooking the individuality of the patient in thus attempting to positively classify this disease into a surgical or a medical state? Is appendicitis always the same, or does it differ in different subjects, as pneumonia, typhoid fever, enteritis and other alarming diseases differ? Enteritis is a more dangerous condition than is appendicitis. Yet what surgeon would suggest the invariable practice of operating for enteritis?

Van Lennep gave us a classical paper—one pronounced by J. C. Wood to be a literary mosaic; it was the embodiment of present-day surgical knowledge on the subject considered, and the facts and figures it presents may be studied with interest and profit, no matter what the pre-conceived notions of the reader may be. As a matter of fact the surgeons have much the best of the argument. They save after the medical man has been brought to the last resort; while, on the other hand, it is doubtful if the medical man is ever called upon to save a case of appendicitis which has become clearly surgical.

There were the usual passages of arms between the surgically surgical and the medically medical men in which references were made to the reflections of one class upon the other and vice versa. But these were all good-natured, and surgeon and medical practitioner alike profited by the surgical section.

There were also a number of other meritorious papers full worthy of mention and discussion did space permit.

Dr. J. Kent Sanders, of Cleveland, will have charge of the section in surgery for next year. Reference to this section and its new chairman was omitted from the list last issue because it was not known who had been appointed. The selection is a most excellent one.

The Reportorial Staff.

The Institute is exceedingly fortunate in having among its membership so efficient a recording corps as the recording secretary and his staff. But little is heard from Dr. Kraft from meeting to meeting, yet his records tell a story of value of service which is appreciated only by those who fully understand the difficulties and labors of properly reporting the transactions of a scientific body. The efficiency of Drs. Kraft and Stafford is made the more noticeable by the inefficiency of newspaper reporters. At no recent meeting has the Institute enjoyed anything like the character of newspaper reports its importance deserves. And it is largely because the every-day reporter fails to grasp the significance of the work before him and to comprehend its importance. Not so with our own reporters' work. It is doubtful if there be a convention of any kind whose meetings are more correctly and intelligently reported than those of the Institute. It is fortunate that we have among us men who were formerly newspaper men who are willing for the miserable pittance the Institute pays to properly record and transcribe its proceedings and discussions. Only the interest Drs. Kraft and Stafford have in the work of the body would induce them to serve in reportorial capacity for the moderate stipend they realize from it. We accept their services as a matter of fact, whereas, they are deserving of the heartiest thanks of every member of the Institute who takes an interest in its proceedings. Long may they be willing to continue to serve us as faithfully as now.

Speaking of the reportorial staff brings to mind the fact that the Institute has been casting its pearls before newspaper swine these recent years. At no meeting that we recall have we had such inferior newspaper reports as at Buffalo, unless it be that it had a rival in Detroit. One of the chief contentions of those who have favored meeting in large centers has been that homeopathy needed the heralding of her work and standing among the people through the newspapers. But if we are to be no better treated than we were this year and last we may as well adjourn to the woods. It is not known wherein the fault lay. But there was failure somewhere, either on the part of the press committee of the Institute, or the press committee of the local committee of arrangements or the newspapers themselves. If we could have our own reporting to do, as in times gone by, we could secure better newspaper service. But the average twelve dollar a week, bum-squad, cigarette-smoking newspaper reporter knows about as much about reporting the work of a medical convention as he would about reporting the proceedings of a convention of angels in heaven. Only in a very general way can he form a correct idea of the value of the papers read or the discussions which follow.

We can have good reports by furnishing them ourselves. Newspaper men are like the rest of us, glad to have their work done by others if it be well done, and we have always found them willing to accept whatever we furnish them for publication upon such occasions. Let the Institute select her own reportorial corps and let them provide the daily papers with matter for publication. That it will be accepted if at all wisely collected is certain. But if we continue to rely upon the reporters we will continue to get meagre reports of our meetings and to derive but little value or pleasure from this source.

International Bureau of Homeopathy.

Among President Custis' recommendations was one to the effect that there be established at Washington under the auspices of the Institute an International Bureau of Homeopathy, which shall have for its object the collection and dissemination of information about the growth and prosperity of homeopathy throughout the world, especially with reference to its propagation in countries in which we are not yet firmly established. That such a bureau can be made of value must be readily apparent; provided, and always provided, its work be placed in the hands of enthusiastic and devoted men who will give it attention. This year Drs. Custis and Peck have charge of the work, and this means that it will be inaugurated in a sensible and practical way. The further continuance of efficient work will depend altogether upon the men in charge. With Dr. Custis as a resident of Washington at the head of it, and the responsible sponsor for the establishing of the bureau, we may reasonably expect good things to come from this international effort. The first report of the bureau will be awaited with impatience and interest.

THE YELLOW FEVER OUTLOOK.

While there has not been established a widespread epidemic of yellow fever in the Southern States up to this moment the outlook is not at all encouraging. Epidemics vary in intensity and malignancy; fortunately, the present visit is not one of great severity. But it is not encouraging to note that within a month a thousand cases of yellow jack have appeared in a section of country not invaded for nearly twenty years, and that there are at the present time numerous foci from which the disease may yet spread over a large area of territory before the advent of cold weather, and from which it may break out anew next summer. The real danger is not of the present, but of the future. Rare is it that this country, or any other, has had a visitation of yellow fever in one year without the disease prevailing the year following; 1853 had its 1854, 1858 its 1859, and 1878 had its almost as destructive 1879. Once fairly introduced yellow fever is not easily eradicated, even though killing frosts put an immediate stop to any given epidemic.

There is demand for the exercise of ususual energy and caution on the part of health boards and local health officers if the danger of a severe epidemic next year is to be averted. Congress should made sufficient appropriation to enable the proper authorities to place every infected district in the best possible sanitary condition during the winter, while local officers in every Southern city and town should follow the most generally accepted authorities in sanitation and hygiene in putting their towns in order. Individual sanitation is also required; no better service can be performed during the fall and winter months than that of instructing the people how to live, how not to be afraid, how to meet the enemy when it comes, and how to go about stamping it out wherever it makes its appearance.

Meanwhile we have a duty to perform that is all our own. Previous epidemics have demonstrated, beyond all question, the superiority of homeopathic therapeutics. The teachings and recorded experiences of Holcombe, Bailey and Belden are legacies that are invaluable. Orme, Hardenstein and Falligant, too, have contributed their share to the available literature of homeopathy on this subject. Should a positive epidemic appear in the South yet this fall or next season every homeopathic physician in that section should be thoroughly acquainted with its homeopathic treatment, and should also make every reasonable endeavor to instruct the community in which he lives to the advantages and benefits of homeopathy in the presence of the fever. There is no better opportunity for the exemplification of the superiority of homeopathic therapeutics than the existence of epidemics of severe diseases. In the presence of cholera, smallpox, the grip and yellow fever we are far better equipped than are the old school, and we owe it to our profession and to the people to let this truth be known. Now is the time to gather and disseminate the facts and figures of homeopathy and thus save hundreds of lives and add to the glory of our profession.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

A new addition of Wood's Gynecology will be issued during the winter.

Dr. B. C. Stolp, Wilmette, Illinois, returned from Europe September 15th.

Dr. Mortimer Lawrence, Philadelphia, has removed to 1601 Girard avenue.

Dr. Emmet L. Smith and wife, Chicago, have returned from their outing in Ohio.

Dr. M. G. Hunter, of the Cleveland class of '97, has located at Pleasant Plain, Iowa.

Dr. and Mrs. J. W. Streeter, Chicago, have returned from a three months' trip abroad.

Dr. F. W. Rich, Riverside, Illinois, was recently reappointed health officer of the village.

Hering Medical College is in full blast with nearly seventy students enrolled and in attendance.

Dr. S. G. McCracken, Wilmette, Illinois, recently returned from his summer vacation up the lakes.

Dr. W. M. Kendall, of Dayton, Ohio, has recently moved to the Rubold Building, rooms 800-802.

Dr. A. G. Beebe, Chicago, enjoyed a brief outing in Minnesota, returning via the lakes from Duluth.

Dr. Ina M. Mighell, late at 197 South Western avenue, Chicago, has located at LaGrange, Illinois.

Dr. William Owens, of Cincinnati, has moved from 270 West Seventh street to 500 West Seventh.

Blue Island, one of Chicago's suburbs, is having an epidemic of typhoid fever due to an infected dairy.

Dr. J. B. Hadden, formerly of Baldwin, Iowa, has located at 743 West 120th street, West Pullman, Illinois.

Dr. Minerva A. Kline, 715 East Sixty-third street, Chicago, has returned to her work after a vacation in Ohio.

Gross & Delbridge, Chicago, have been appointed Western selling agents of Goodno's Practice of Medicine.

Dr. E. A. Darby, of Pueblo, Colorado, has moved his offices from 327 Central Block to the McCarthy Block, that city.

Prof. J. C. Wood, of Cleveland, is recovering from an attack of blood-poisoning resultant upon an operation wound received in July.

Dr. Albert J. Elliott, of Montreal, has been elected instructor in pathology and microscopy at the homeopathic college at Ann Arbor.

Dr. G. S. Schuricht, of St. Louis, announces the removal of his office and residence to 1027 St. Ange avenue, corner of La Salle street.

Dr. C. E. Sawyer, the newly elected president of the Association of Orificial Surgeons, paid the Medical Century office a call last month.

Dr. J. E. Hetherington, 1035 Warren avenue, Chicago, has returned from a three months' vacation at his former home in New Brunswick.

Dr. Eleanor F. Martin, San Francisco, passed through Chicago recently on her way to a six months' post-graduate course in New York.

Dr. H. W. Hoyt, of Rochester, is spending the winter in New York, in pursuit of knowledge in relation to the diseases of the nose, throat and chest.

Dr. S. M. Campbell, Omaha, Nebraska, has moved his offices to the Douglass Block, rooms 20 and 21. Dr. Campbell was formerly in the New York Life Building.

Dr. and Mrs. C. Gurnee Fellows, Chicago, recently returned from a three months' sojourn in Europe, where Dr. Fellows put in a good part of his time in hospital review.

Dr. H. H. Barker, Chicago, takes the practice of Dr. J. S. Martin, Muncie, Indiana, who has gone to Arizona for his wife's health. Dr. Martin has been at Muncie for the last fourteen years.

Dr. E. Weldon Young, Seattle, Washington, paid the Medical Century office an appreciated call during his recent hospital review in Chicago. Likewise Dr. Osman Royal, Portland, Oregon.

Prof. C. B. Kinyon, now of Ann Arbor, paid the Medical Century editor a fraternal call recently. Prof. Kinyon's addition to the faculty at Ann Arbor is one of material strength and wisdom.

Dr. George R. Southwick, 31 Massachusetts avenue, Boston, has returned from his European hospital reviews and is ready for calls for consultation and operation in special gynecological and obstetrical surgery.

The homeopathic department of the University of Iowa opened on the 17th inst. with a class of about seventy, full ninety per cent. of last year's under classes returning. The clinics are reported to be large and varied.

Dr. J. H. McClelland, of Pittsburg, and Hahnemann's Monument, Washington, visited Chicago recently in the combined interests of pleasure, work and monument. The burden of his song was monument, as may well be imagined.

Dr. F. C. Titzell, of Chicago, has had the sad misfortune to lose his mother and wife recently, both dying within a week. The sympathies of his friends in the profession are being freely extended. In them the Medical Century joins.

Dr. W. A. Dewey and family summered in Vermont, but are back at Ann Arbor, where the doctor enters with renewed zeal upon his college work for the winter. A good long outing is appreciated by Dr. Dewey as by few men in the profession.

The National Society of Electro-Therapeutics held their annual meeting in Washington, D. C., on September 29th and 30th. The Century will have a report of the meeting in its October issue, by its Washington correspondent, Dr. Kingsman.

Cable, Illinois, is reported by Dr. Parker, of Warsaw, to be a good opening. It is a coal mining town of about a thousand population, near Rock Island. Mr. H. W. Hill, mine-owner, will answer questions regarding the town and prospects for the right man.

Dr. H. E. Koons, formerly at 629 Pitcher street, Baltimore, Maryland, has recently located at Danville, Virginia, having taken the practice of Dr. M. G. Douglass, who has been called to Baltimore to accept a position in the Southern Homeopathic Medical College.

Dr. J. Kent Sanders, Cleveland, chairman of the Section in Surgery of the American Institute of Homeopathy for the Omaha meeting, is already organizing for the work of next year. The surgical section will be heard from. The early bird catches the worm, and the chairman is out early.

The officers-elect of the Washington Homeopathic Medical Society are as follows: President, Dr. W. W. Misener, Tacoma; Vice President, Dr. J. J. Sturgis, Vashon; Secretary, Dr. C. M. Baldwin, Seattle; Treasurer, Dr. Sarah Kendall, Seattle. The next meeting will be held in Seattle in May, 1898.

Dr. D. A. MacLachlan, Detroit, has taken an elegant suite of office rooms in the Majestic Building, and is happy in the conviction that he is now ensconced in the best offices in Detroit. He has discontinued his regular visits to Ann Arbor, his Detroit practice requiring all his time and attention.

The Chicago Homeopathic Medical College has issued an unusually neat and tasteful schedule of lectures and clinics, the clinic hours being designated plainly by red ink; the boys need have no trouble in knowing just when to look for lectures and when to expect clinics. The designation is unusually satisfactory.

Boericke & Tafel have issued a neat pamphlet containing a list of intelligent and comprehensive questions and answers about Homeopathy for general distribution, by J. T. Biddle, A. M., M. D., of Monongahela City, Pa., designed for missionizing purposes, the last few pages of which are devoted to comparative statistics.

Dr. Ralph Jenkins, Washington, summered at Blue Ridge Summit, Pa. He returned to his work September 25th, and will contribute an article in orthopedic surgery to the Medical Century for every other issue, it being his intention to attempt to give to the profession a series of articles of practical value to the every day practitioner.

The National Medical College, Chicago, issued an invitation to the friends of the college to be present at the opening exercises in its new home, 531 and 533 Wells street, Chicago, on Monday, September 20th, at which time a large class and audience of friends gathered for the purpose of congratulating the college upon the acquirement of a new building and the opening of the new college course.

Besides the two very interesting cases of "Reflex Cough of Uterine Origin" contributed to the Medical Century for this issue by Dr. E. M. Hale, we have the promise of a contribution from his pen for the December issue titled "Acute Myocarditis with Hepatic Complications." It will be a pleasure to a great many of our readers to know that Dr. Hale will contribute with more or less regularity to this journal.

The general secretary of the Missouri Valley Homeopathic Medical Association, which held its

fourth annual session at Iowa City last month, issued a very neat and comprehensive program of the papers and proceedings, whereby the members were properly enlightened on the work mapped out for the session. This society is growing in strength and usefulness. Its management has been in good hands since it was first set on its way.

Wm. Wood & Co., New York, are about to issue a revised and improved edition of Pozzi's Gynecology, brought up to date by the distinguished author and the translator, Dr. Brooks H. Wells, editor American Journal of Obstetrics. They are also issuing a fourth and enlarged and improved edition of Dana's Text-Book of Nervous Diseases. Several important chapters have been added, and the greater part of the book practically rewritten.

The Denver Journal of Homeopathy for September speaks of Dr. B. F. Bailey, of Lincoln, Nebraska, as "the next president of the American Institute." Dr. Bailey should get some one to protect him from his impolitic friends. There are two or three good men and true in line for promotion before he can be successfully brought forward, and when the right time comes his friends all over the country wish to accord him their loyal and enthusiastic support.

Dr. J. W. Parker, Warsaw, Illinois, reports Lima, this State, with a population of four hundred to six hundred, and a tributary population of like number, located among rich farmers and on elegant farms, to be a good opening for a homeopath of some experience who is willing to work. There are two allopaths there but one of them is desirous of leaving and wishes to sell or rent his residence, while the other will go in the spring, thus leaving a clear field. Mr. Davis Harris, Lima, will answer inquiries.

The recent meeting of the American Association of Orificial Surgeons elected the following officers for the ensuing year: President, Dr. C. E. Sawyer, Marion, Ohio; vice president, Dr. Cora Smith Eaton, Minneapolis, Minnesota; second vice president, Dr. Grove, Spokane Falls, Washington; secretary, Dr. W. F. Curryer, Indianapolis; treasurer, Dr. T. E. Costain, Chicago. The meeting of the society for 1898 will be held at the time of the convening of Prof. Pratt's class in orificial surgery in September.

Dr. F. H. Orme has written a double-column article for the Atlanta Journal cautioning that city against being reckless in admitting yellow fever refugees to their city. He reviews the history of the disease extensively, showing that no altitude or climate is absolutely immune under favorable conditions, closing his exhaustive and authoritative article—for Dr. Orme is a yellow fever veteran—with the admonition that while hospitality to a stranger is a virtue protection of home and family is a paramount duty.

The next meeting of the Western New York Homeopathic Medical Society will be held in Lockport, October 15th. It is expected that a good many medical celebrities will attend the meeting, among them Dr. A. R. Wright, president-elect of the American Institute of Homeopathy; Drs. Lee, Bissell and Collins of Rochester, Drs. F. Park Lewis and DeWitt G. Wilcox of Buffalo, and others. The Western New York Society is a prosperous and enthusiastic society, its meeting always being well attended and profitable. It is good to be there.

The allopathic department of the University of Iowa is without hospital and clinical facilities for the present and has accepted the tender of the use of the homeopathic hospital pending the erection of its new building. Our school has given it the use of two wards, a number of private rooms, the joint use of the amphitheater and the services of our nurses. The surgical, medical and eye and ear clinics are now being held in the homeopathic building. This is the proper fraternization; may the time hasten when the lamb and the lion may lie down in peace and good will everywhere, without danger to the lamb's life or the lion's dignity.

The proposition to affiliate the San Francisco College with the University of California failed, not because the regents were not willing to accord to homeopathy equal recognition with the allopaths but because they did not look with favor upon the college organization as at present constituted. While some of the best men in the city are associated with it the fact remains that several of the most prominent homeopaths and best teachers are not on the faculty and the regents wanted no mediocre corps. Thorough reorganization and the enlisting of the best men in the city in a strong faculty would go far toward securing the affiliation the profession deserves and should have.

Dr. C. B. Kinyon, Rock Island, Illinois, has been elected professor of obstetrics and gynecology at Ann Arbor, succeeding Dr. H. M. Parmelee, of Toledo, who could not meet the requirements of the regents and make Ann Arbor his place of residence. Dr. Kinyon is a good choice and will fill the requirements of the position with credit to himself and satisfaction to all concerned. He has had a large general, surgical and obstetric practice in Rock Island and vicinity for a great many years, is a safe, conservative man, and an old teacher. Good luck to "Prof." Kinyon. May a large measure of success be his. The Century is promised a share of his clinical reports as he becomes established in his new position.

Gov. Stephens, of Missouri, has appointed Dr. L. C. McElwee, of St. Louis, the homeopathic member of the state board of health, also naming Dr. O. A. Williams, of Versailles, Dr. J. T. McClanahan, of Booneville, and Dr. S. C. James, of Kansas City, on the board. Drs. Williams and James are of the old school and Dr. McClanahan is an eclectic. Thus no one school has a majority of members on the board and it is not possible for it to operate to the disadvantage of the colleges of either profession. Dr. McElwee will make faithful and stubborn contest for the interests of homeopathy should these ever be placed in jeopardy, and will doubtless serve his profession in a manner highly satisfactory to them and creditable to himself.

The daily papers are giving elaborate accounts of the largest static electric and Roentgen ray machine ever made, which has been constructed by Waite & Bartlett, New York, for our Dr. F. H. Gardner, of Washington. Dr. Gardner generates ozone by electricity for the treatment of lung diseases, and also applies the X-rays for diagnostic purposes. With the splendid machine he has had constructed he expects to be able to see through the fluoroscope the exact areas that are diseased and then generate the ozone with which to treat them. The Century will try to get through its Washington correspondent a description of the new apparatus and to secure reports of some of the results obtained by Dr. Gardner. It is stated that by the use of his new machine Dr. Gardner has been enabled to make the human body perfectly transparent.

In a recent communication to the Times-Union and Citizen, of Jacksonville, Dr. Stout speaks out

against the thought of the national government taking hold of the subject of the quarantine, referring to the imbecility and inefficiency of the Marine Hospital corps in various epidemics, even going so far as to trace the present outbreak in the South to carelessness on the part of a Marine Hospital officer in carrying the contagion from the quarantine station to Ocean Springs. He also traces the Brunswick, Georgia, epidemic of 1893 to the fatal indiscretion of a Marine Hospital physician, who sacrificed his life and hundreds of others to a reckless zeal. Dr. Stout believes that each State should regulate its own quarantine affairs—that the local people are the ones most vitally interested and most apt to give the subject careful and intelligent consideration.

The Gainesville (Texas) Signal editorially refers to the recent special issue of the Medical Century on the Insane Hospital subject and offers the suggestive suggestion that "It is at least fair to give the homeopathic school their share of public work, and if they show up the best results still more should be trusted to them for the public good." Texas has three State insane asylums and will have to have more ere many years roll by. When the time comes our forces should make every effort to secure it to homeopathy. Constant agitation of this and kindren subjects is sure to bring forth good fruit. And especially is it well for our physicians to call the attention of the lay press to these medical topics. They are always interested, and the manifest desire of the American editor to see fair play and all sides given a fair show will cause many local papers to come out in our favor if we but inform them and thus get them on our side.

Some of Chicago's homeopathic colleges appear in a new role this year. Heretofore the indictment has lain against the profession that the great desideratum is a college professorship, which, once attained, brings glory, honors and riches for a lifetime. This year, however, at least two of the five, and the estimate might well include a third one, have been having no little rivalry among themselves to secure professors, and at least one of the three has had a good deal of difficulty in finding acceptable men for some of the important chairs. Bartering and trading for members of the faculties of rival colleges has been indulged in, the chief thought having been, in some instances, "How many students can Smith, Jones, Brown or Thompson bring over if we take him." It is a case of the professorship seeking the man, rather than the man the professorship—but, unfortunately, not always is the seeking prompted by the highest and purest motives. Once more, there are too many colleges in Chicago! Yet "the survival of the fittest" seems as far removed as as ever, in these days of American enterprise and American aspirations. More's the pity!

The Monthly Homeopathic Review for May contains an exceedingly interesting and well-written dialogue as its leader, the disputants being one "Urbanus" and one "Rusticus." The subject is "The Position of Surgery in Homeopathic Practice." "Urbanus" holds that for the present at least the science of homeopathic therapeutics is not so far advanced that we can afford to attempt the treatment and annihilation of all surgical diseases and states with remedies alone, "Rusticus" clinging to the tenet that all diseased states depend upon a constitutional dyscrasias and are amenable to medication. "Urbanus" counsels "Rusticus" to continue efforts at the perfection of the system, holding that at best surgery is not more than a substitute for therapeutics, but a necessary one in the present state of therapeutic knowledge. The conclusion is reached that homeopathy and surgery are handmaids, and that surgery has a legitimate sphere among homeopathic physicians, "Urbanus" concluding with the remark that when the resources of therapeutics are better developed surgery may go by the board.

In St. Louis several of the street railway companies are trying the innovation of operating funeral cars over their lines. One or more cars especially constructed for funeral service have been built and the public given an opportunity to see to what advantage a funeral can be conducted on a street railway, as compared with the primitive system of employing carriages and a hearse. The cars are said to be of the very finest make, and furnished as completely as the latest improved parlor cars, with silk draperies, cushioned chairs and carpeted floors. The most favored funeral car in cities where street railway funerals have ceased to be experiments is one arrangd with two compartments, so that the casket can be carried into the forward room, while the mourners and friends are amply provided for in the rear compartment. The reduced cost is an argument in favor of street railway funerals. It is possible to conduct a funeral on the cars for $10, which would cost not less than $50 if carriages and hearse were employed. The average charge for each carriage is $5, while a hearse costs from $6 to $10. A funeral car can be secured for $10 and will provide accommodation for the casket, pallbearers, clergyman, and forty mourners, and will displace a hearse and ten carriages.

In a recent letter Dr. H. E. Beebe, of the Ohio Board of Registration and Examination, says he agrees with the Medical Century in the main in the views expressed in the article in the September issue so exhaustively discussing examining boards. "You are right in deeming the preceptor's office and a reputable college as the important elements in an entrance into the medical profession, and I hope you will continue to agitate the question along this same line," is one of Dr. Beebe's utterances. He also slyly compliments the Century along another line. "It is necessary that we have just such editors as yourself to arouse and rustle the dry bones of the profession, and the Century certainly does this in first-class style; no other journal like it, nor is there likely soon to be another." What the Century says and does is intended always to be for the good of the profession it represents and whose interests it has at heart. Sometimes it seems necessary to "stir the animals" just a little, for the animals' own good; but it may always be put down that naught is done in malice nor for the fun of the doing. We are glad Dr. Beebe accepts our criticisms of the action of his board in good grace, and also glad that one situated as he is, as a member of a State board, agrees with our position on the subject of medical legislation.

Ambidextrous men and women are quite rare but this double faculty is much more frequently met with among butchers and sailors than in any other walks of life. Left-handed butchers are numerous, as a walk through any of our large market houses will quickly demonstrate. It is a very interesting study to watch one of them who will cut, chop, saw, and handle his meat without once changing it from one side to the other on the block or changing his own position. In view of the many advantages derived from the ability to use both hands equally well, surprise has often been expressed at the educational authorities in insisting on the use of only the right hand, instead of trying to develop an equal skill in the other. The benefits derived from the use

of both hands were excellently illustrated in the experience of two carpenters in Philadelphia some years ago. One was right-handed and the latter left-handed. They always worked together, laying floors and putting up joiner's work in buildings, and they could take jobs of this character cheaper than any others because they could work from either end toward each other so handily. One man would square a floor board at one end and the other would scribe and cut it off to fit at the other end and then nail down, working together from opposite ends.

The Southern Journal of Homeopathy, which for fifteen years has maintained an honorable place among the journals of the profession, is to go out of existence and The American Medical Monthly is to take its place. In making the announcement editorially the Southern Journal says: "The spirit, the animus, the vitality of the last five years will continue the same, but the body of the journal is about to undergo a change; with our next issue the Southern Journal of Homeopathy will be The American Medical Monthly." Later on the editorial voices these words: "Because we have not included the word homeopathy as a part of the name of our newborn babe does not mean that we have fallen from the faith, but simply that we prefer to do so, the name being significant of the broader field of literature to which we aspire." This explanation may be satisfactory to the long-time readers of this distinctive and useful journal; it is doubted. As the Southern Journal of Homeopathy the journal has been representative of an interest, a section, a class of the profession which have sore need for an organ; as for The American Medical Monthly—well, there's something in a name, after all, and the new title means nothing to no interest, nothing to nobody. What was it the lamented Lincoln said about swapping horses while crossing a stream?

The effort to affiliate the homeopathic college at San Francisco with the University of California has met with most violent opposition from the old school and is not likely to carry. Not only have the professions of San Francisco and Los Angeles opposed the measure, sending delegations of speakers before the regents for the purpose of prejudicing the move, but petitions were presented from the army and navy surgeons in San Francisco against it and Dr. McLean, formerly at Ann Arbor, but now at Detroit, took occasion to stick his fingers into the pie and recited at length all the woes the old school of Michigan have suffered because of the presence of our college at Ann Arbor and all the muddles and mixes that our side have been foolish enough to get into over there. It may safely be assumed that if affiliation does not carry in California the Michigan experiences of recent years will be largely responsible. Let not California be discouraged. Our profession has a right to representation in the University of its state and should fight for it to the very last. Outside interference should not be tolerated for a moment. And, en passant, let those homeopaths who would hobnob with the old school for place on boards and all that note the intolerance of their cronies in Missouri, Oklahoma and California, as recently exemplified whenever our side has shown signs of life and activity.

With the compliments of Dr. H. E. Beebe the Medical Century is in receipt of the First Annual Report of the Ohio State Board of Medical Registration and Examination, containing a great deal of useful information in relation to the medical professions of Ohio. It gives a complete list of all registered physicians and midwives, alphabetically arranged and also arranged according to counties, this feature alone being of value. In looking over the workings of the board we are struck by the manifest inclination to try to govern the universe; this is the usual custom with such boards, however, and therefore the Ohio board has not departed from the custom nor set up shop in this direction for itself. It is noted that the tendency is to prosecute, even to mild persecution, individuals infracting the rules of the board while it has the usual tendency toward leniency for the colleges. For instance, on page XXV the committee on Medical Colleges reports on the "National Normal University, Medical Department," at Lebanon, Ohio, that it had been running—it is presumed it meant it has been operated—for five years; that it had an alumni of twenty-five to thirty; that its facilities and equipments are not up to the average of first-class medical colleges and that the clinical advantages are poor. The committee recommends, however, that the standing of said college be investigated further. What for?

Dr. J. Richey Horner, the Medical Century's neurological specialist, who has recently been called to Cleveland to the neurological chair in the Cleveland Homeopathic Medical College, has had unusually fine opportunities these recent years to equip himself for his special work. He spent a year as clinical clerk for Hughlings Jackson at the National Hospital for the Paralyzed, Queens Square, London, on the staff of which are Gowers, Ferrier, Beevor, Bastian, and other well-known neurologists, attending also the Bethlehem Hospital for the Insane (London's "Bedlam"), and taking a course of lectures from Savage. Returning to this country he worked two months under Dana, Hammond, Gray, Sachs, Starr and other New York neurologists and also took a course in electro-therapeutics under Fraser, King's assistant. From there he went to Middletown, in our splendid insane hospital, accepting a position as junior physician in order to get practical work in insanity under a homeopathic staff and in homeopathic therapeutics. It is rare that it falls to the lot of any man to get such a series of splendid opportunities crowded into two years, and as Dr. Horner is made of the stuff that appreciates such opportunities, and as he has availed himself of every hour of study and observation available, it may be depended upon that Cleveland and the Medical Century will be the better, neurologically speaking, for his association in college and journal work. A brilliant future is most confidently predicted for Dr. Horner in his new field.

Here is a type of letter of which hundreds have been received by the editor of the Medical Century within the past three or four years:

"Dear Dr. Fisher: Will you kindly inform me what is the medical practice law in Montana, what its penalties, and whether rigorously enforced? I think of moving to that State, but, like many others, do not care to be tested by a 'school-boy examination,' as you term it in the Medical Century, or by an allopathic examining board.

"Awaiting the favor of your reply, I am, yours sincerely, _____."

The writer of the foregoing letter is a practitioner of years of experience and acknowledged ability. He would be a credit to our profession in Montana, and would be a willing helper in getting homeopathy fairly upon its feet in that State if he could go there without submiting to an examination which is at once a shock to his dignity and self-respect, and which might, by virtue of his long years away from colleges and elementary text-books, result disas-

trously. We are free to admit this is a caution which we respect. It would be a disgrace beyond recovery to be pronounced unqualified by one of these boards, yet we doubt if Wm. Tod Helmuth, Reuben Ludlam, T. Griswold Comstock, I. Tisdale Talbot, or any one of an hundred other eminent men who might be named could pass such examinations as might, within the law, be given them in some of these examining-board States. Away with such text-book measures for the general practitioner of established reputation and experience!

The surgeons will enjoy the following lines taken from a personal letter from Dr. Green, of Little Rock: "I enjoyed my visit to the East immensely, was royally entertained all through. I saw lots of surgery, and was invited to operate by Drs. Van Lennep, Macdonald and Lee. I did so for Van Lennep and Lee, but Macdonald put up a job on me. He requested me to show him my method of doing an abdominal hysterectomy and brought out, anesthetized, rather the worst complicated abdominal hysterectomy case I ever saw—evidently a 'culture' for the occasion. After opening the abdomen and viewing the perplexities within I told him that so long as he had to father the death he would better do the killing, that while I have performed many bad ones it was where the patient had chosen me for executioner and the slaying was done with my own instruments and I was aided by assistants of my own selection. You will better understand the situation when I tell you that the uterus contained a medium-sized myofibroma, both tubes were full of pus, a large cellular abscess occupied the right iliac fossa and a suppurative appendicitis existed. He named the operation an 'abdominal fibro-myo-pyocysto-salpingo-oophoro-appendiculo - hysterectomy.'" His surgical colleagues all know that Macdonald is a great joker, but it is doubtful if any of them would have believed he could have perpetrated such a practical one as this on the unsuspecting man from Arkansas. The latter is too keen-witted to be turned down in this manner. Next time he visits Washington he might be treated to—well, say an infantile circumcision by Macdonald for a change.

NEW YORK NEWS-NOTES.

Dr. A. H. Birdsall, of Brooklyn, New York, is dead.

Dr. C. F. Adams, of Hackensack, lost a little son recently from scarlet fever.

Dr. F. R. S. White, a practitioner of Mount Morris, New York, died recently.

Dr. J. I. Dowling, 155 Worth street, is at home again after his summer outing.

Dr. George Shepard, of the Strathmore, returned from Europe on September 9th.

Dr. J. G. Gilfillan, of the Cleveland University class of '97, has located at Beebe Plains, Vermont.

Dr. W. H. Shaw has moved from Winchendon, Massachusetts, to Fitzwilliam Depot, New Hampshire.

Dr. Arthur F. Eife, of 175 West Tenth street, this city, paid the Medical Century a pleasant call recently.

Dr. M. D. Smith, of Middleton, Vermont, was in the city in September, accompanying a patient and on business.

During September Dr. Isabella M. Wilson, of Middletown, this State, sojourned for a few days in the metropolis.

Dr. D. D. Stevens, of 170 West 54th street, this city, has returned from his summer outing and is at his post again.

Dr. Charles H. Helfrich, of 158 West 47th street, is home from a summer's course at the Schwartze clinic in Halle, Germany.

Dr. N. W. Emerson, formerly at 601 Boylston street, Boston, Massachusetts, has changed his office and residence to the Cluny, Copley Square, that city.

Dr. G. F. Oertel, 404 West 22d street, who has been spending some weeks at Ellensville, has returned to the city. The Century office acknowledges a pleasant call.

Dr. Wm. Tod Helmuth and wife visited the baths of Nauheim and other celebrated medicinal springs in Europe this year. Dr. Helmuth reviews the Nauheim methods extensively in the North American.

The editor of the Medical Century will visit New York professionally and in the interests of the journal late this month. His headquarters will be at the Century office, corner Fifth avenue and Forty-second street.

Dr. B. G. Carleton has returned to the city. Messrs. Boericke, Runyon & Ernesty will publish for Dr. Carleton this fall a work on Diseases of the Kidneys which cannot fail to be a valuable addition to homeopathic literature.

Dr. Victor Lafosse, formerly of Jacksonville, Florida, is in the city preparatory to departing for Belgium. Dr. Lafosse has been in the West Indies for the past year and after an indefinite stay in Brussels, will probably return to San Domingo.

Dr. W. A. Dewey, of Ann Arbor, Michigan, and the Chair of Neurology at the University there, and of the Medical Century as well, spent the week of September 3d to 10th in New York, having come down to the city from Middletown, Vermont, where he has been summering with his family.

Messrs. Boericke, Runyon & Ernesty, with their characteristic enterprise, have opened another branch house. This time—and it makes the fifth time—the branch is located at Los Angeles. The firm is now represented in New York, San Francisco, Portland, Oakland and Los Angeles.

The inhabitants of New York consume about two hundred million gallons of fresh water each day, at an average cost to each consumer of less than one cent for two hundred gallons. A very interesting article upon the subject, entitled "Forty Miles Underground," is contributed by J. Parmly Paret to Harper's Round Table of September 7th.

Dr. Irving P. Sherman, the New York editor of the Medical Century, has had his summer's outing much incommoded by a severe illness, which incapacitated him for several weeks in August and September. Dr. Sherman returned to New York from his country place, Lake View, Brimfield, Massachusetts, on September 20th, on the convalescent list.

New York had the American Institute this year at Buffalo; she has the general secretary, Dr. Porter; the treasurer, Dr. Kellogg; the assistant treasurer, Dr. T. Franklin Smith; the treasurer of the monument committee, Dr. Henry M. Smith; the chairmanship of the bureau of registration, statistics and history, Dr. T. Franklin Smith; the chairman of the materia medica conference, Dr. T. F. Allen; a member of the monument committee, Dr. Helmuth, and several sectional chairmen and important committeeships. Who says New York is in the "effete East?" Not a bit of it; New York is up and doing.

Dr. M. P. Austin, of Minneapolis, whose departure for London in the early summer has already

been chronicled in these columns, has returned. Dr. Austin has been in New York since the latter part of September, and will not go on to Minneapolis before the middle of October, expecting to do hospital work here. While in London he divided his attention between the London Homeopathic Hospital and the St. Bartholomew Hospital. Dr. Austin, upon his return to Minneapolis, will devote himself exclusively to surgery, and will change his office location from 1551 Franklin street to the Dayton Building.

Mr. F. R. Ernesty, of Boericke, Runyon & Ernesty, has returned to the city after a three weeks' absence from business on pleasure bent. Mr. Ernesty, who was enjoying his first vacation in six years, reports a pleasant visit to his old Connecticut home. It is not known how much of causal relation the vacation had to what came after, but in any event what came after is greatly to be regretted. Mr. Ernesty, who is an expert wheelman, had hardly returned home before he undertook to ride over a stone wall on one of his expeditions, and his wheel showed fight. The wheel came out on top and the wheelman is taking another vacation, this time to nurse a broken arm, a strained neck, a wrenched shoulder, a bruised knee and incidental injuries. Mr. Ernesty has the sympathy of the Medical Century and his many friends in this disaster.

It is with regret that the Medical Century records the death of Dr. Hugh Montgomery Smith, of Orange street, The Heights, Brooklyn, New York, which occurred early in September. Dr. Smith died very suddenly from apoplexy and his demise in the very prime of manhood is greatly deplored as most untimely for homeopathy's sake as well as his own. Dr. Smith was born in 1848 and was a brother of Dr. St. Clair Smith, of this city. In 1876 he graduated with honors from the New York Homeopathic Medical College, after which he spent two years in the hospitals of Vienna. The year following his return to this country Dr. Smith was resident physician to the House of Industry. It was in 1879 that he established himself in Brooklyn, where he rapidly built up a large and devoted clientele. Dr. Smith was a member of the American Institute of Homeopathy, of the Homeopathy Medical Society of Kings County, and of the Homeopathic Society of the State of New York.

Dr. T. L. Macdonald's recent contribution which initiated the department of "Surgical Suggestions and Sayings" in the Century, has been provocative of a large meed of praise, coming to us both verbally and in written form. The terse, clean-cut comments with which Dr. Macdonald passes upon the subjects he takes up are invaluable to the beginner and gratifying to the experienced. Dr. J. M. Lee, of Rochester, has taken occasion to wire "Glad for page of articles." A prominent physician of Boston writes that he reads with relief Dr. Macdonald's views on antisepsis, and numerous have been the verbal comments of appreciation on this class of work. The Medical Century has said before, and may say again, that the experienced men of our school owe it to the journals, to the profession, to themselves to commit their opinions in black and white more generously, more frequently, more practically. Our pages are kept wide open for contributions of this sort.

The Medical Century has a secret which it has kept thus far with infinite difficulty and which it can keep no longer. It therefore by these presents announces the approaching marriage of Dr. Thomas Leslie Macdonald of Washington, D. C., and America, to Miss Adelaide V. Carson, also of Washington. The news that on October 26th Dr. Macdonald will become a benedict will be news to surprise, if also news to please, the large circle who count Dr. Macdonald a friend. For its own part the Medical Century has but one regret in the premises. It is not that it fears Dr. Macdonald's department in the Century will suffer neglect—arrangements have already been effected with the powers that are to be on that score—it is rather that the English language should so entirely fail at this time to compass the sincerity and scope of our congratulations, the warmth of our interest, the largesse of our good wishes. In so far as they can be expressed, however, we desire to express them and to say that the Medical Century is in line with the hosts of Dr. Macdonald's friends who about this time are calling to him a hearty, a happy, a long-time God-speed.

OHIO AND INDIANA MEDICAL NEWS.

BY A. E. FRANKLAND, CHICAGO.

Dr. Jonas Ely, formerly of Washington, Pa., has located at Allegheny.

Dr. Lee Bannister, of Wabash, Indiana, has located at Lafontaine, a very fine field.

Dr. A. S. Rosenberger, Covington, Ohio, spent a part of August at Atlantic City, enjoying a needed rest and vacation.

Dr. B. D. Bittinger, Dayton, attended the Pratt orificial course last month. He is one of the leading homeopaths of Dayton.

Dr. A. A. Lovett, Eaton, Ohio, was a recent visitor to his farm, near Richmond, Indiana, superintending the harvesting of his wheat.

Drs. J. D. and W. E. George, Indianapolis, report a heavy practice for August. All the homeopaths of Indianapolis have been busy lately.

Dr. J. C. Ryder, Eaton, Ohio, will be married October 15th to a young lady residing at Dayton. Congratulations are being extended by his colleagues.

Dr. J. W. Means, Troy, Ohio, and Dr. J. C. Fahnestock, Piqua, Ohio, spent the first week of September in Chicago among the orificial surgeons.

Dr. Maurice P. Hunt's new offices in Columbus are the finest in that city. They are located at 200 State street. Dr. Hunt confines himself strictly to surgery and gynecology.

Dr. M. F. Cole is one of the latest additions to the force of homeopaths at Columbus. He was formerly at Utica, Ohio. Dr. Ely, recently at Waynesburg, succeeds Dr. Cole at Utica.

Dr. A. E. Goldsmith, Home City, Ohio, says there are numerous towns on the Big Four Railroad, Chicago division, between Greensburg and Cincinnati, in need of homeopathic doctors.

Dr. B. I. Barbee, Columbus' eye and ear specialist, reports larger practice for August than for any month in some years past. One by one the evidences of returning prosperity are making manifest.

The profession in Indiana and Ohio generally report increasing business and better times. It really begins to look as if the better times for which we have been looking are beginning to dawn upon the doctors. They can't come too soon.

The Sawyer Sanitarium, Marion, Ohio, is meeting with such a degree of success that twenty new rooms are to be added shortly. Two years ago twenty rooms were added, and only a year ago a like addition to the capacity of the sanitarium was made. This institution is a credit to homeopathy at large, as well as to its enterprising and successful proprietor.

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Materia Medica.

This department is in charge of Prof. Willis A. Dewey, M. D., Professor of Materia Medica and Clinical Professor of Nervous Diseases in the Homeopathic College of the University of Michigan, at Ann Arbor. All contributions for it should be sent direct to Professor Dewey.—Editor Medical Century.

TWELVE REMEDIES IN RHEUMATIC AFFECTIONS—WITH COMPARISONS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICHIGAN.

I. Rhus Toxicodendron.—From the earliest homeopathic times Rhus has been the great rheumatic remedy of the school, vieing here only with Bryonia, and the difference between these remedies must be repeated once more.

Rhus Tox.	Bryonia.
Restlessness and desire to move about continually on account of the relief it brings to the aches and pains.	Disposition to keep perfectly still, since moving causes an aggravation of all aches and pains, yet sometimes pains force patient to move.
Suitable especially to rheumatism affecting fibrous tissues, sheaths of muscles, etc.	Suitable to rheumatism of the joints and of muscular tissue itself.
Rheumatism from exposure to wet when overheated and perspiring.	This is not especially the case with Bryonia, though a Bryonia rheumatism may occur from these causes.

All of the Rhus rheumatic symptoms are relieved by motion. They are worse from sitting and worse on rising from a sitting position, or on first commencing to move, continued motion, however, relieves. Warmth also relieves the Rhus rheumatism. Damp weather and the approach of storms aggravate. Cold also aggravates.

Rhododendron is similar in that change of weather aggravates.

The character of the Rhus pains is first a stiffness and soreness. There are also tearing pains, drawing, paralyzed sensations, and even stitches. The sudden pain in the back known as "crick" is met well by Rhus.

Rhus has an especial affinity for the deep muscles of the back. It is perhaps the most often indicated of any remedy in lumbago. It is also, it may be mentioned in passing, a remedy for the effects of over-exertion, such as sprains, wrenches, etc., being to fibrous tissues what Arnica is to the softer structures. The Rheumatism calling for Rhus may appear in any part of the body; the lower extremities seem to have suffered most in the provers.

The great keynotes of Rhus are the following: (1) Relief from continued motion, the lumbago, however, being sometimes worse from motion. (2) The stiffness and soreness. (3) The aggravation when first beginning to move. (4) The aggravation from damp weather and cold. (5) The relief of all the symptoms by warmth.

Rhus will not cure every case of rheumatism, but it will cure a good many

II. Bryonia.—The rheumatism of Bryonia attacks the joints themselves, producing articular rheumatism, and it also inflames the muscle-tissue, causing muscular rheumatism. The muscles are sore and swollen, and the joints are violently inflamed, red, swollen, shiny, and very hot. The pains are sharp, stitching or cutting in character, and the great feature of the drug should always be present—namely, the aggravation from the slightest motion. Touch and pressure also aggravate.

There is but little tendency for the rheumatism of Bryonia to shift about like that of Pulsatilla or Kalmia. It is hardly likely to be mistaken for any other remedy. Ledum has some points of similarity. It would come in in articular rheumatism where there is a scanty effusion, while Bryonia tends to copious exudation.

Bryonia seems to suit well the acid condition of the blood, which gives rise to rheumatism; it has a sour sweat, also.

Kali carbonicum has stitching pains, but absence of fever will distinguish it from Bryonia.

Bryonia, Ledum, Nux, and Colchicum are the four chief remedies having aggravation from motion. General constitutional symptoms will most likely be present in cases calling for Bryonia.

III. Causticum.—This remedy resembles Rhus quite closely in many respects. The following are some of the differences:

Causticum.	Rhus Tox.
The restlessness of this remedy occurs only at night.	Restless all the time.
Rheumatism caused by dry, cold, frosty air.	Rheumatism from damp, wet weather, getting wet, etc.
Pains impel constant motion, which does not relieve.	Motion relieves the patient temporarily.

The symptoms calling for Causticum are a stiffness of the joints. The tendons seem shortened and the limbs are drawn out of shape. It is a sort of rheumatoid arthritis. As with Rhus, there is relief from warmth. There are drawing muscular pains and soreness of the parts on which the patient lies. It has been found useful in rheumatism about the

articulations of the jaw. Rhus has a cracking of the lower jaw when chewing.

Colocynth has a stiffness about the joints and is also a useful remedy in articular rheumatism.

Causticum, like Guaiacum and Ledum, has gouty concretions in the joints. There is much weakness and trembling with Causticum, as with all the preparations of potash, and it is of little use in arthritic troubles if fever be present. Weakness of the ankle-joint, contracted tendons, and a sprained feeling in the hip joints are some of its important symptoms.

IV. Ledum.—Ledum is one of our best remedies for rheumatism and gout, especially the latter. The great symptom which has always been regarded as the distinctive characteristic is the direction the pains take, namely, going from below upwards. Like Caulophyllum and some others, Ledum seems to have a predilection for the smaller joints. Nodes form in them and the pains travel up the limbs. The pains are made worse from the warmth of the bed. The effusion into the joints is scanty and it soon hardens and forms the nodosities above mentioned.

Ledum, like Colchicum, causes acute tearing pains in the joints; weakness of the limbs and numbness and coldness of the surface.

Kalmia also has pains which travel upwards, but the character of the pains will distinguish.

It may be also mentioned that Ledum is an excellent remedy in erythema nodosum, which is of rheumatic origin.

Ledum is particularly indicated when there exists a violent tensive or tearing pain in one of the small joints of the toes or fingers, with circumscribed redness, little swelling, general coldness, great depression and a uric acid sediment in the urine.

Ledum produces and cures in certain cases an obstinate swelling of the feet. Wine aggravates all the symptoms of this drug.

The characteristics of Ledum may be thus summed up: (1) Upward extension of the pains. (2) Tendency to the formation in the small joints. (3) Aggravation by the warmth of the bed. (4) Aggravation from motion. It is useful, too, after the abuse of Colchicum in large doses.

V. Pulsatilla.—Pulsatilla is usually brought prominently to mind when there is a tendency for the rheumatism to shift about, wandering rheumatic pains being one of its red strings. But other remedies have this symptom, also, prominent among them being Kalmia, Bryonia, Colchicum, Sulphur, Kali bichromicum and that member of the tissue remedy family most resembling Pulsatilla, namely, Kali sulphuricum. There is not much trouble to distinguish Pulsatilla from any or all of these remedies by its general symptoms. Kali sulphuricum, however, will give the most trouble, but it is not a well-proved remedy and need only be thought of to try when Pulsatilla seems the remedy but fails.

Other characteristics of the Pulsatilla rheumatism are the aggravation from warmth, aggravation in the evening, and the relief from cold. There is, too, a restlessness with the remedy, the pains are so severe that the patient is compelled to move, and slow, easy motion relieves, as also with Lycopodium and Ferrum.

A prominent use for Pulsatilla is in gonorrheal rheumatism. The joints are swollen and the pains are sharp and stinging, with a feeling of subcutaneous ulceration. Kali bichromicum is also a remedy for gonorrheal rheumatism, as well as for wandering rheumatic pains; it has relief in a warm room, which at once distinguishes it from Pulsatilla, Thuja is another remedy for gonorrhoeal rheumatism.

Rheumatism dependent on disturbance of the liver or stomach is apt to find its remedy in Pulsatilla.

VI. Kalmia.—Kalmia is another of the remedies which have wandering rheumatic pains, and it is especially useful in rheumatism affecting the chest, or when rheumatism or gout shifts from the joints to the heart, driven out by external applications, perhaps. It also has tearing pains in the legs, without swelling, without fever, but with great weakness, and in this symptom of weakness it resembles Colchicum. The pains about the chest in Kalmia cases shoot down into the stomach and abdomen. The muscles of the neck are sore and the back is lame. Hering says that the rheumatism of Kalmia "generally goes from the upper to the lower parts," while Farington says, "The Kalmia rheumatism, like that of Ledum, almost always travels upwards." At any rate, the rheumatic pains are mostly in the upper arms and lower parts of the legs; and are worse when going to sleep. Inflammatory rheumatism, shifting from joint to joint, with tendency to attack the heart, high fever, excruciating pains, which, of course, are made worse by motion, will be benefitted by Kalmia.

The Rhododendron family, besides Ledum and Kalmia, furnish us another useful rheumatic remedy and that is Rhododendron itself. Its great key note is its susceptibility to changes in the weather and its pains, like Rhus, are worse during rest. It is especially adapted to rheumatism of the smaller joints, as we have already seen Ledum to be.

Although Kalmia has some action on the smaller joints, it is in a less degree than Ledum or Rhododendron.

Dulcamara is a prominent remedy for rheumatism, made worse by sudden changes in the weather.

VII. Cimicifuga.—Another example of family relationship in rheumatic troubles may be found in the ranunculacea family.

Aconite is often a useful remedy in the first stage of rheumatic fever. Pulsatilla we have already seen. Ranunculus bulbosus is especially useful in rheumatism of the muscles of the chest and trunk. There is a great deal of soreness, the muscles have a bruised feeling, and changeable, damp weather aggravates.

Actea racemosa is a great rheumatic remedy; its chief symptom is great aching in the muscles, and this right in the fleshy part of the muscles, the belly of the muscles rather than the extremities. It is also prone to occur in the large muscles of the trunk rather than the small muscles of the extremities, here resembling Nux vomica.

It differs from Rhus by not acting on fibrous structure, being rather a remedy for muscular rheumatism. Rheumatism in the muscles coming on suddenly and of great severity will find its remedy in Actea racemosa.

Actea spicata, another of the same family, on the contrary, acts on the small joints of the hands and feet; the joints ache and swell while the patient is walking.

Under Actea racemosa there is great restlessness, but motion aggravates.

Caulophyllum, so similar in many other ways, differs from Actea racemosa in having rheumatism of the metacarpal and phalangeal articulations of the hand.

VIII. Colchicum.—Although usually thought of in gout, Colchicum is no mean remedy in rheumatism. It has a special affinity for fibrous tissues, tendons,

aponeuroses, ligaments, and periosteum. It has also shifting rheumatism like Kalmia, Pulsatilla, etc: The pains are worse in the evening; the slightest motion aggravates; the patient is irritable; the pain seems unbearable. Sometimes it is useful when the rheumatism attacks the chest with pains about the heart and sensation as if the heart was squeezed by a tight bandage. There is great evening aggravation; the joints are swollen and dark red.

Colchicum is especially useful for rheumatic affections in debilitated persons; those who are weak —weakness being the characteristic. It is a remedy, too, for the smaller joints. As we have already seen, there are a number of remedies affecting the smaller joints of the hands and feet, such as Actea spicata, Caulophyllum, Ledum and Rhododendron.

And there are a few more; Benzoic acid has rheumatism of the small joints, gouty nodosites, weeping sinews with the great characteristic accompaniment of extremely offensive urine.

Ammonium phosphoricum has nodes and concretions in the joints.

Lithium carbonicum has also rheumatism of the finger-joints, with tendency to heart complications, and it must be compared with Kalmia, Ledum, and Benzoic acid in this respect.

Viola adorata and Ruta have rheumatism of the wrists.

It is finally well to remember that Colchicum is rarely indicated early in rheumatism, but later, when the patient is weak and exhausted, it may do good work.

IX. Sanguinaria.—Sanguinaria inflames muscular tissue, giving a picture of acute muscular rheumatism. The muscles are sore and stiff, with flying erratic stitching pains in them. The muscles of the neck and back are especially affected by it. The chief field of usefulness of the remedy seems to be in rheumatism affecting the right deltoid muscle. It is described as a rheumatic pain in the right arm and shoulder, worse at night, or on turning in bed. It is so bad the patient cannot raise the arm.

Magnesia carbonica is similar in having rheumatism in the right shoulder, rheumatic pains better from warmth and worse in bed.

Ferrum has paralytic tearing pain in the shoulder and muscles of the upper arm, so that raising the arm is impossible; but it gradually disappears on gentle motion. Although Farington says it is especially adapted to the left deltoid muscle, most of the symptoms point to the right shoulder.

Nux moschata, however, affects the left deltoid muscle.

Ferrum phosphoricum is a very useful remedy in rheumatism of the shoulders, especially the right shoulder.

X. Phytolacca.—The sphere of Phytolacca seems to be where there is a syphilitic taint. It is particularly useful in pains below the elbows and knees. There are stiffness and lameness of the muscles; the pains seem to fly about, are worse at night and are especially aggravated by damp weather. Rheumatic affections of the sheaths of the nerves; periosteal rheumatism or rheumatism of the fibrous tissues often is benefited by Phytolacca. Rheumatism of the shoulders and arms, especially in syphilitic cases, may call for this remedy.

Kali hydriodicum has rheumatism of the joints, especially the knees. The knee is swollen, has a doughy feel, and the pain is worse at night; usually the trouble is of syphilitic or mercurial origin.

Mercurius has some rheumatic pains, but sweating, as the patient always will when the drug is indicated aggravates them.

Silicea is a remedy to be thought of in treating hereditary rheumatism. The pains are worse at night; worse from uncovering, better from warmth.

XI. Guaiacum.—Guaiacum is a remedy with many rheumatic symptoms. It is in the chronic forms of articular rheumatism where the joints are distorted with concretions that it will do the most good; given earlier it may prevent the formation of these concretions. It is a good remedy with which to follow Causticum. A characterizing symptom will be contractions of the tendons, which draw the limb out of shape, worse on any motion. We have already seen a number of remedies having these deposits in the joints, but none having these contractions. Stiffness and soreness of the joints and soreness of the muscles are also present. Syphilitic or mercurial rheumatism may also be met at times with Guaiacum. In gonorrheal rheumatism, where many joints are affected, they are rigid, hot, swollen and painful, and the contraction will be present; the muscles seem too short.

XII. Calcarea Carbonica. — Rheumatic affections caused by working in water will call for Calcarea. Rhus may fail, and then oftentimes Calcarea will complete the cure. Gouty nodosities about the fingers are also present.

Calcarea fluorica has proved of service in lumbago. It has much the same symptoms as Rhus; the patient is worse on beginning to move, but continued motion improves.

Arnica has rheumatism, resulting from exposure to dampness, cold, and excessive muscular strain combined. The parts are sore and bruised. Rheumatism of the intercostal muscles is also met by Arnica.

Rheumatic stiffness caused by getting the head and neck wet will be best met by Belladonna.

Another of the calcareas, Calcarea phosphorica, is useful for rheumatism, appearing on any change in the weather; pains especially in the sacral regions and extending down the legs. These symptoms suggest also Dulcamara.

Practice of Medicine.

TWO INTERESTING CLINICAL CASES.

BY EARLE S. PRINDLE, M. D., MENOMINEE, MICHIGAN.

I have so often been helped by the appearance of reported cases with proper analytical remarks in the Medical Century that I have thought to offer my mite to its clinical department in the following cases, of unusual interest to me, in the hopes that they may be of some value to my colleagues.

Case I.—Infantile Convulsions.

A baby three weeks old; history of slight cold; first saw it on Saturday, January 16th; found considerable cough, slight fever, mucous rales in right lung; nursing well; restless but not fretful. Gave it Antimonium tartaricum, third trituration.

On the following day it was still restless, but breathing easier; mucus easily detached and being thrown off; no fever; prescription continued.

On Monday the child seemed well and the case was dismissed.

On Tuesday I was summoned in a hurry; the child had had three or four hard convulsions; head thrown back, strabismus, colicky pains, green stools with curds of milk, no vomiting but some fever. Gave

Aconite and Belladonna alternately. Later in the day gave half drachm doses of Passiflora to control the spasms. The mother being almost hysterical and at the same time having trouble with her bowels, I concluded to give the baby cream and lime water as a diet.

On Wednesday the stools were dark and very watery and the child had intense colic; the bowels were much distended with gas; there was constant straining; the spasms were not so constant and were less severe. Continued the Passiflora, gave a diet of toast, water and arrowroot, and gave the Arsenite of Copper, 2x, two grains in half glass of water, teaspoonful every half hour.

On Thursday the abdominal symptoms were no better, the tympanites was even more marked. Discontinued the Passiflora. Passed catheter above the sigmoid and irrigated with weak saline solution with almost instant relief. Toast, water and arrowroot were continued, and the Cuprum arsenicosum was also continued. The kidneys were acting freeely.

On Friday morning the spasms occurred at intervals of half an hour. The tympanites was lessened. No urine had passed since midnight. At noon the spasms were increasing in frequency and were lasting longer. The child was unable to swallow; there was constant moaning; I watched the case for two hours, keeping the patient partly under the influence of chloroform. About two p. m. a natural stool was voided; straining at stool had nearly ceased; the hands were cold, face was beginning to get puffy, especially under the eyes; at three p. m. the patient was cold to the elbows and knees, the pulse was very weak and uncountable, the eyes half open, and fixed, and I expected death within an hour.

While watching the case and endeavoring to make the end as easy as possible I had an urgent call on another street and told the parents there was little or no hope, but as a last resort I would give another remedy. Apis, 3x trituration, was placed upon the child's tongue and allowed to dissolve there, as the patient had not swallowed since the morning of that day. I did not even return after making the new call, expecting that the child would be dead; but at five o'clock I was agreeably surprised by the father coming in to tell me they did not know what to make of the baby, he was crying so loud. On going to the house I found that soon after giving the Apis the child had turned pink all over, as they expressed it, and in an hour fairly flooded his clothes with a flow of urine and since then had been crying. On examination I found the reaction complete, and, concluding his cry was one of hunger, gave him a bottle of breastmilk and soon the youngster was in a sound and natural sleep and went on to an uneventful recovery.

Case II.—Aneurism of Carotid Artery.

A little girl, four years old, had right-sided parotitis. She had slight fever but was otherwise little inconvenienced. The mumps almost disappeared on the fifth day. About a week afterward I was called and found that there had been slight hemorrhage from the right ear and also that the ear had been discharging a slight quantity of very thin pus for a couple of days previously. The hemorrhage was very slight; the throat looked swollen and the right parotid was enlarged, as also the whole chain of cervical glands. Two days later the child seemed distressed at times; the right tonsil was enlarged and red, but the swelling seemed worse above the tonsil; the child was unable to open the jaws easily; she had but little fever and was able to continue playing about the room. Now and then she would drop into a drowsy condition and seemed to have pronounced pain on swallowing. I feared diphtheria and called soon after the noon hour to make a second inspection of the fauces. The condition was the same; the outside swelling had increased if anything, but there was no fluctuation; nor was there any membrane inside, though the tonsils were red and inflamed. The child resisted examination resolutely. The whole appearance determined me to call a specialist into the case. Accordingly at four p. m. Dr. Calvin Elwood met me and a thorough examination was made with tongue depressor and nasal speculum. The child had to be held forcibly in order to get a view of the fauces. As Dr. Elwood and I were discussing the case the child opened its mouth and in less time than it takes to tell it had emptied its body of blood and lay dead upon the floor from rupture of the carotid artery.

I am certain there was a little pus mixed with the blood and am equally certain that there was no bulging of the anterior surface of the fauces at the beginning of the trouble. And yet it would seem a case of unquestioned aneurism. The query is, could an aneurism have formed in so short a time? Even had there been pus could it have destroyed the coat of the artery so quickly? The child had always been perfectly healthy, and to my knowledge was playing about the house only a few minutes before its death.

Surgery.

PRESENT SURGICAL OPINION REGARDING MALIGNANT GROWTHS.

BY SIDNEY F. WILCOX, M. D., NEW YORK.
Professor of Surgery, New York Medical College and Hospital for Women.

In a series of articles published last year in "The Annals of Surgery" by Doctors Dennis, Connell, Wright, Homans, McGuire and Gerster, and also in the new works of Senn on Pathology and Surgical Treatment of Tumors, the lectures on Abdominal Tumors by William Osler, Warren's Surgical Pathology, and other new surgical works, there is so much of interest regarding malignant growths, and some of the facts which have been brought out are so important, that it has seemed to me a fit subject for analytical attention.

When we consider that according to statistics furnished by Dr. Dennis there are 7,000 deaths annually in England from carcinoma alone, and that there are 30,000 patients suffering at all times in that country, and that there are over 14,000 deaths from carcinoma each year in the United States, and that in one year the sum total of deaths due to erysipelas, tetanus, hydrophobia, lightning typhlitis, gunshot wounds, and joint diseases, together with other well-known surgical affections, is less than that due to cancer, and that cancer alone causes half as many deaths in one year in the United States as are caused by accidents and injuries of all kinds and descriptions—when these points in connection with the fact that malignant disease is slowly on the increase (Billings), are considered the importance of the subject both from its causation and treatment cannot be overestimated.

Understanding that the general divisions of malignant growths are into sarcomata and carcinomata, I shall not in this article go into the differentia-

tion of the various compound varieties, but will consider them under the general head of malignant tumors.

Etiology.

As to the etiology of malignant growths there is still great obscurity. Within the last few years certain microscopists and pathologists believe that they have been able to isolate certain germs or parasites, which are supposed to cause the formation of malignant growths in the system, but as yet this has not been satisfactorily proven, and, as Laplace says, "the parasitic and especially the porospermic origin of cancer may be considered as still sub judice," and certainly it has not been found that by any process of grafting or transplantation can a malignant growth be conveyed from one person to another. These experiments have been tried on animals, but never with any success. In speaking of this point Senn says: "The popular fear of the contagiousness of these growths lacks foundation. There is not a single authentic case on record in which the disease was transmitted from man to man or from animal to animal by contagion." Within the last few months sensational reports have been circulated in the daily press regarding a case of supposed contagion from a patient to a physician, but when the evidence is sifted down it is found that there is no ground for such belief. Contrary to the views already mentioned, I have found that Duplay of Paris and Arlonig of Lyons have been led to the belief by experiments that cancer may be transmitted from one individual to another of the same species, but not to one of another species. H. Moran has made experiments, using an epithelial growth from the axilla of a white mouse and has caused the production of similiar growths in other mice by inoculation with portions of this growth. Cases of apparent inoculation of the penis through connection with a woman having cancer of the uterus have seemed to contradict Senn's statement, as do cases where two men using the same pipe both have cancer of the lip. In France there are certain houses known as cancer houses, on account of the great number of cases occurring in them.

The most tenable theory in regard to the origin of malignant growths is that of Cohnheim, in which he advances the idea that malignant growths have their origin in some portion of the embryonic tissue which remains in the system undeveloped and which is excited to unusual activity by some change in the nutritive process. As Senn puts it: "In the absence of better proof of the origin of tumors, the writer will adhere to the doctrine advanced by Cohnheim, and in addition to it will claim that the essential tumor matrix may be composed of embryonic cells, the offspring of mature cells which for some reason have failed to undergo transformation into tissue of a higher type and which may remain in a latent immature state for an indefinite period of time, to become under the influence of either hereditary or acquiring exciting causes the essential starting point of a tumor." It is also believed that a tumor never arises unless from some particular starting point, and that a "tumor never originates de novo, but is always an integral part of the organism, the product of tissue proliferation from the matrix of embryonic cells."

Starting with the premise that there is in the system some matrix of embryonic tissue which acts as the nucleus of a new growth, then there must be something added to this to produce a malignant growth, and one cause which is known among the laity is heredity. Exactly what is transmitted from the parent to a child no one can state. It is said that the laws of heredity depend upon the persistence of impressions in protoplasm, hence every living thing produces new ones each after its own kind. Every surgeon who has had much experience in the treatment of malignant growths knows that in a large proportion of the cases which he is called to operate upon he has been able to find, by close questioning, that some ancestor or member of the family has been operated upon or has died of cancer. In speaking of this point Dennis says: "A certain value can also be attached to heredity; in a general summary of all cases reported upon statistics show that about four per cent. of the cases of malignant disease are associated with the history of heredity." It seems to me that in looking over my own experience this is by far too low an estimate; there have only been a very few of my cases in which there was not an evident hereditary predisposition. Laplace puts the figure at twelve and a half per cent., Paget at thirty-three per cent., and Bryant at twelve per cent. The most interesting instance of hereditary transmission of the predisposition to cancer is that reported by Broca:

The first generation, Madame Z., died of cancer of the breast in 1788, aged 60; the second generation consisted of four married daughters—

A. died of cancer of the liver, 62 years of age, 1820.

B. died of cancer of the liver, 43 years of age, 1805.

C. died of cancer of the breast, 51 years of age, 1814.

D. died of cancer of the breeast, 54 years of age, 1827.

Third generation, Madam B., had five daughters and two sons.

The first son died during infancy.

The second son died of cancer of the stomach, 64 years of age.

First daughter, cancer of the breaest, 35 years of age.

Second daughter, cancer of the breast.

Third daughter, cancer of the breast; 35 to 40 years of age.

Fourth daughter, cancer of the liver.

The fifth daughter of Madam B. escaped the disease.

Madam C. had five daughters and two sons; the sons remained free from cancer.

First daughter died of cancer of the breast in 1827 at 37 years of age; of her five children one daughter died in 1854 of cancer of the breast at the age of 49; second daughter in 1822, 40 years old, of cancer of the breast; third daughter in 1837, 47 years old, cancer of the uterus; fourth daughter in 1848, 55 years old, cancer of the breast; fifth daughter in 1856, 61 years old, cancer of the liver.

On this subject Senn says still further, "It is evident that where a tumor is inherited that two essential causes are transmitted from parent to the child, as, first: a matrix of embryonic cells; second, a lack of resistance on the part of the whole organism or of the tissues in the immediate vicinity of the matrix to retard growth."

We know that age has a certain influence in the causation or rather in the promotion of the growth of malignant disease. Sarcoma most frequently develops among the young during the stage of physiological activity and rapid growth, while carcinoma is more likely to develop at a large age, during the period of decline of life. We know that there is a state during which cancer is not active. It may remain for a long time in the system without any special symptom of malignancy, and perhaps, as is maintained (Senn) it may be non-malignant, but at certain periods of life may be excited to active

growth and malignancy. Gouley believes "that many external benign tumors become malignant, and that some external malignant tumors tend to become benign;" also that "the vast majority of carcinomata and sarcomata of the mamnary gland are developed from denomata."

Sex. Statistics show that the male sex is more prone to tumor formations than the female. This may be accounted for in part from the fact that men are more exposed to injury and sudden changes than women, and in such ways come in contact with more exciting causes. The greater proportion of malignant growths are found in the higher stations of life and not, as was at one time supposed, among the lower classes.

Traumatism. Among the principal exciting causes of malignant growths, especially the sarcomata, is traumatism. It is a difficult matter to state how traumatism should act as the exciting cause of a malignant growth unless we admit that there is a predisposition toward the formation of these tumors. One man or one patient will undergo the most severe form of injury—bruises, fractures, and recover without any bad consequence; another patient, from a slight blow or injury will develop a most malignant form of neoplasm. If the injury itself were to be considered as the true cause of the new growth it would seem that few people could escape. It seems to me more logical to grant that there may be in the system a predisposition to disease, or perhaps a matrix of embryonic tissue which has lain dormant and undeveloped until some cause has excited its activity, or even a lack of disposition on the part of the tissues to perfect healing. The transition of mature cells to the embryonic form which is necessary to the repair of injury, and again back to the mature form of tissue may be incomplete. That is, the tissues may never resume the mature form after the necessary change to the embryonic form which they undergo in order to proliferate and repair loss. This may be from some condition of the system in which there is something lacking which is requisite to bring about the return to maturity, the tissues in this way never regaining their integrity. That traumatism is a factor in the formation of sarcoma no one can deny, so many cases are coming constantly to the observation of the surgeon as to convince him that this is one of the great exciting causes in the production of malignant disease, if not the original cause. I remember one case which comes especially to my mind. A number of years ago a lady was injured in a collision on the Third Avenue Elevated at the junction with the Thirty-fourth street line by the train on the branch line crashing into the car in which she was seated. She was injured by being struck severely in the breast, and within a few months sarcoma of that organ developed. She was operated on and the breast removed; return was rapid. It was again removed and also the axillary glands, and the third time within about two years from the first operation a large mass was removed from the neck, with all the large glands under the clavicle, in front of the scapula, and up to the angle of the jaw. All of these wounds healed kindly and she was very much relieved of pain, but died a few months after the operation from an apopleptic attack, whether induced by the malignant disease or not it is impossible to tell. In a large proportion of the cases in which I have operated some history of injury can be found.

Irritation. Prolonged irritation is an exciting cause. Constant irritation of epithelial tissues, pressure, especially about the junction of the mucous and cutaneous surfaces, as in "smoker's cancer" from contact with a clay pipe; rectal cancer from frequent and unskillful introduction of the tube of a syringe; the irritation of the mucous membrane of the mouth from a quid of tobacco, nails, red rubber dental plates, or a sharp tooth, are all well-known examples. Also chimney sweep's cancer of the scrotum, and cancer produced from prolonged pressure of the clip of a pair of eye-glasses. These are all familiar examples—all tending to show that prolonged irritation of an epithelial surface, with lowered vitality of the tissues, tends to the formation of cancer. Dennis also maintains that the irritation of acrid pus from a long lasting sinus leading to diseased bone has acted as an exciting cause. Inflammation, while not the original cause of a malignant growth, may be an exciting cause on account of the increased cell proliferation and activity of development, thus promoting the increase and spread of malignant disease. While the ultimate cause of malignancy in a neoplasm is still undetermined, nearly all surgeons are of the opinion that in its early stages the disease is purely a local one and does not become disseminated until late. The most prominent maintenant of the opposite view of late years has been Sir James Paget.*

Diagnosis.

The diagnostic points to be considered are the consistence and shape of the growth, the local temperature, presence of pain, and cachexia, and also the seat of the growth. A malignant growth is, as a rule, easily diagnosed from an inflammatory growth because there is usually no rise of temperature nor sensitiveness to pressure, and the pain instead of being like that of inflammation is rather shooting and lancinating in character. Pain is usually present in malignant and absent in benign growths. However, pain cannot always be depended upon as a sure symptom. For instance, within the last year I have had a case of cancer of the liver in which the patient had suffered little or no pain, and of cancerous degeneration of the peritoneum in which the patient had absolutely no symptoms except the increase of size from the accumulation of fluid. The chief difficulties of diagnosis are between malignant growths and glandular swellings, innocent tumors, and gummata. These latter occurring in the tongue may give rise to very puzzling points in diagnosis. Simple gummata frequently are difficult to distinguish from cancerous infiltrations, and the diagnosis between innocent and malignant tumors is sometimes exceedingly difficult. In the early stages of a malignant growth it may be impossible to determine its character, and in fact the more recent the growth the more difficult is the diagnosis. If a portion of the growth can be removed and examined microscopically much time may be gained, and a diagnosis made with a greater degree of certainty. The use of an instrument known as the harpoon is now resorted to; it consists of a needle enclosed in a canula. It is introduced into the substance of a growth and by twisting it around a portion of the tissue is torn out and removed; this can be examined by the microscope and a probable diagnosis made. Even this test, however, is not always reliable, as is shown by Senn, who cites the case of the late Emperor Frederick of Germany. Von Bergman diagnosed a cancerous growth from clinical appearances, but to be certain he removed a portion and sent it to the most celebrated microscopist in Germany who pronounced it

*An important article by Dr. Roswell Park, A. M. of N. Y., bearing directly on this subject, appeared in the Medical Record, July 3, 1897, and should be read by all surgeons.

a benign papilloma. The world knows the result. Only within the week before writing this article I was called in consultation to see a case of disease of the uterus in which there was a most perfect clinical picture of malignant disease, so far progressed as to be inoperable. Some portions of cutting were examined by Heitzman who pronounced it "an original benign lympho-myxoma in transition to an intensely malignant lympho-sarcoma," and yet within a few weeks another microscopist of undoubted ability had pronounced it a perfectly innocent growth.*

Senn explains these mistakes on the ground that the malignant tissue may be distributed unevenly through a neoplasm. In cases of suspected cancer of the uterus, as a rule it is easy to obtain scrapings or clippings and examine them microscopically, and this can be done in time to have an operation which may save or prolong the patient's life. An early diagnosis of malignant growth is absolutely essential, and if a diagnosis cannot be made with positiveness, it is now the general opinion that it is better for the patient to take the risk of an operation in a doubtful case, even at the risk of loss of a certain amount of tissue which may not be malignant. The prognosis of a malignant growth is absolutely bad. We know that if it is allowed to develop the patient is doomed to die. The question arises, what shall be done? The consensus of opinion is in favor of early and radical operation. Delay is dangerous on account of the constant tendency for the growth to increase and spread to other parts. Being at first local, as is conceded by the great majority of surgeons, there is a probability that a prompt and radical removal may result favorably. The removal of only a portion of the affected gland, as for instance the removal of a portion of a breast which has been attacked by the disease, is positively useless. In cases where in the early stage there is only an eczematous condition of the nipple, and where only a portion of the gland is removed, there will probably be an early recurrence. In order to save the patient it is necessary to remove the entire gland, the underlying fascia, and to carry the operation up into the axilla and remove all the chain of lymphatics. This is the only way in which any hope of probable cure can be given. It is even safer to remove most of the pectoralis major muscle, as in Halstead's operation; although this requires much greater skill in operating, it does not greatly impair the motion of the arm.

Radical Operation.

In the operations on the tongue, or on the lip, or any other portion of the body, the glands in the vicinity must be removed, if possible. The operations must be radical; palliative operations are of no use whatever. Dennis makes a rule that where an osteo-sarcoma affects only the malleolus, the operation should be made at a point above the knee so as to remove the popliteal glands; he has seen recurrence and rapid infiltration of the popliteal glands in cases where the operation had been made below the knee, whereas in other cases where he has made the operation first described, the patient had been entirely free from recurrence. It may be necessary to operate more than once, in fact many times; some patients have been operated on more than twenty times with final cure. No case is considered cured unless three years have elapsed since the operation and the patient is in good health so far as the malignant growth is concerned; anything under that is not considered a cure in making the statistics of to-day. Age does not preclude operation, other conditions being favorable; in fact, even where they are not it may be found advisable to operate. I once operated upon an old lady for cancer of the breast who was 79 years of age. She had chronic bronchitis, aetheromatous arteries, had had a stroke of apoplexy which had partially paralyzed her right arm, and was suffering from a very large tumor in the breast. The operation was made in the hope of prolonging her life and to prevent breaking down. She recovered. Recurrence took place, and the second operation was made thirteen months after the first The conditions it would seem at such an age—the patient at that time being 80—were exceedingly unfavorable, and yet she has passed the four-year limit and there were at the last hearing, no signs of recurrence. In many other cases, even with the most careful operation, recurrence is rapid. A while ago I operated on a woman and removed the entire breast and axillary glands, and in less than six months she returned to the hospital for severe pain, apparently in the left pleura; there was no rise of temperature, and yet she suffered greatly. She was in the hospital only about two weeks when she died (while I was out of town) of evident pleuritic effusion, probably as the result of cancerous infiltration of the pleura, although the site of the original operation presented no sign whatever of recurrence. In other cases I have operated three and four times, and the patient has died of other diseases, not attributable to the malignant growth.

Operation seems to offer the only positive hope of cure, and to offer that it must be of the most radical nature. There have been of late other methods of treatment offered, as, for instance, the treatment by injection of the toxins of erysipelas and bacillus prodigiosus. I have tried this in several cases. In one of my cases the result has been up to date excellent; a case of myxo-sarcoma of the wrist in which it seemed absolutely necessary to amputate the arm; by the frequent injection hypodermically of the toxins a cure seems to have been effected. In another case I operated twice for a very much developed sarcoma of the breast and twice there was a return; a year after the second operation the attempt was made to treat the patient by the use of toxins, but after a few injections she declined further treatment, as the reactions were so severe she said she was unable to endure them. The third case which I knew of resulted in exactly the same way as the second. What the new inoculation treatment will amount to is as yet undetermined, but the articles in the journals seem to indicate that it is declining in favor. The use of plasters, and pastes, etc., which have been resorted to by quacks, are hardly worthy of mention here. The excruciating pain which the patients undergo has been described to me as something beyond endurance. We must also bear in mind that the men who practice this method are many of them unscrupulous, and they call every neoplasm a cancer, so that their published results are absolutely unreliable.

The operation by the knife, as a rule, does not involve great risk; in ordinary cases it is much more rapid, it is done under an anesthetic, and the patients are usually well in from ten days to three weeks. The picture presented when we are considering the subject of malignant growths is a dark one, but certainly in most cases life has been prolonged, if not saved. I have in mind a case of a woman who had an ulcerating epithelioma of the breast whom I operated upon about seven years ago. She returned

*The patient died shortly after from the development of the cancerous disease.

eighteen months ago, five and a half years after the operation for removal of the axillary glands. I have not heard from her since. Many other cases, especially those of cancer of the uterus, have passed the three-year limit. Cancer of the uterus in the early stages seems to offer the most favorable prognosis. It seems possible to remove the growth more thoroughly because it can be early diagnosed, and with greater prospect of an absolute cure.

Remedies.

While we have in our materia medica no medicine which we can offer with the promise of a cure, I believe that certain remedies do have an inhibitory effect on the growth of malignant growths, as Arsenicum, Calcarea, Phylotacca, Conium, etc., but I have never yet seen a case which they would prevent or cure. In many cases where diagnosis by eminent surgeons has been made of cancer, cures by homeopathic remedies have been reported, but I have seen exactly the same result in apparent cases of cancer of the breast where the cure was quite as complete and striking and the patient only resorted to faith. Of course I do not believe that the disease was a malignant one. I think that there was a mistaken diagnosis, and that instead of having a malignant disease it was a simple adenoma. It seems to me safer to operate first on a suspicious case and then use the remedies which seem indicated. One remedy used by the old school to prevent recurrence seems to have an effect; that is the bromide of arsenic given in doses of from 1-40 and gradually increased up to 1-10 of a grain. This, or the bromide of arsenic and gold, Solgtt V to XV after meals, is advised by Wright of Brooklyn. He also advises carbonate of lime, but considers it inferior to the others. I believe that pyoktannin in small but appreciable doses has an inhibitory effect on the return and growth of cancer. Lately I have been trying proto-nuclein in a couple of inoperable cases. It certainly does seem to relieve the pain, and I think it retards the growth of the tumor, but I have not used it for a sufficient length of time for my experience to be of value.

CLINICAL CASES IN SURGERY.

BY C. E. FISHER, M. D., CHICAGO.

Castration for Incipient Paresis.—Mr. S., aged sixty, a large, florid-complexioned man from Southeast Texas was brought to me suffering all the symptoms of incipient paresis. His mind was slightly beclouded, his gait ungainly and unsteady, his face myxedematous, eyelids drooping, speech somewhat thickened, appetite capricious, bowels constipated, and he suffered slight pains in the forehead and occiput, with occasional nerve-shocks. He had had a slight paralytic stroke a year before, from which he never fully recovered. Mr. S—— had been a man of sexual habit, although not inordinate in the gratification of his desires; he had been a "high roller" as to gastronomic and alcoholic indulgences, though never a drunkard; had had gonorrhea in early life more than once; had seen the elephant and was his; he freely admitted that he was now paying the penalty for early excesses, and wanted done for him whatever might be desirable.

The thought of castration was suggested by an old orchitis which gave him trouble. The left testicle was twice as large as it should have been and was heavy, causing dragging upon the cord and consequent backache and mental worriment. His mind was directed to the stone as the cause of his trouble, and as events proved it had much to do with his physical inconvenience and mental habitude.

The patient was admitted to the hospital, was anesthetized and his left testicle was removed. It was found to be completely cystic, globular in form, of several ounces weight, and utterly unworthy. The wound healed kindly and in ten days the patient left the hospital.

The subsequent history justified the removal of the degenerate organ. The backache cleared up, the facial relaxation grew less pronounced, the mental state improved, the patient becoming less hypochondriac and apprehensive, his appetite, sleep and general mental state improved, his gait became less shambling, and, in short, he was in every way better at the time of the last report.

In my judgment the symptoms from which this patient suffered, including his slight left-sided paralysis, were due to his old gonorrheal infection. Just as gonorrhea does incalculable damage to the tubes and destroys the general mental and physical health of women, so it works disastrously in the stronger sex. Mr. S—— was so certain in his own mind that his gonorrhea and orchitis were at least an indirect cause of much of his ill-health that it is not easily possible to lay aside his firm convictions in this direction. The conditions at the time of the operation were largely due to the reflex irritations from which the patient suffered. The removal of the offending organ amply repaid him, in his judgment and mine, for its loss.

Abdominal Hysterectomy for Uterine Fibroid.—Mrs. J., aged thirty-two, married, childless, presented herself suffering with a large uterine fibroid. Her general condition was very good, but she suffered intolerable pelvic pain, severe constipation, some irritation of the bladder, and a mental dread as of some impending calamity which made life intolerable. Digital examination revealed the lower pelvis filled with a hard tumor, immovable and unyielding. The os was not detectable either by digital or specular examination. Bi-manual palpation revealed the upper pelvis and lower abdomen impacted with a hard, immovable mass. There was a history of suppression of the menses, had been slight nausea, but no pronounced symptoms of impregnation. Clearly the case was one of uterine fibro-myoma, and because of the severe pain arising from impaction and pressure the patient demanded an operation.

Abdominal hysterectomy was performed under strict asepsis, the abdominal incision being slightly above six inches in length a trifle to the median line in order to include fibres of the rectus in the wound and cicatrix, the better to guard against ventral hernia. Upon opening the peritoneum a fairly smooth oblong tumor presented. It was firmly impacted in the pelvis, transversely, so that it could be raised with difficulty. It was finally brought into view by means of a corkscrew imbedded into the largest fibroid boss presenting, and its pedicle was encircled with an elastic ligature drawn sufficiently taut to insure strangulation. It was then transfixed with Wilcox pins and separated with the knife after a serre-noeud had been applied, to secure removal of the stump.

The stump was treated extra peritoneally with boracic acid and sterilized gauze, afterwards with the acid and borated gauze. It separated in ten days without the occurrence of constitutional symptoms worthy of record, the highest temperature being 100¼ on the second day. There was no emesis, the bowels moved naturally on the fourth day, the pain was inconsider-

able, and the patient made an exceedingly satisfactory recovery, leaving the hospital on the twenty-third day. This was nearly a year ago, and she has suffered no ill-health since, her general condition at this time being most excellent. I have never had a more perfect and complete recovery from a major operation, the patient's physical and mental condition being quite up to par. Of course the ovaries were removed at the time the hysterectomy was performed, the right one being cystic to a pronounced degree, the left one atrophied.

In a similar case, two years before, the tumor contained a three-months fetus. See Homeopathic Text-Book of Surgery. In that case, also, there was a prompt and satisfactory recovery. The patient was early lost sight of, however, and her present condition is unknown.

Enormous Ovarian Cyst.—Dr. J. M. Lee, Rochester, in the Homeopathic Text-Book of Surgery, records a case of ovarian cyst of above eighty pounds weight. In surgical literature other causes are recorded in which much larger cysts have been removed. The largest I have been called upon to operate proved to be a monilocular cyst, a genuine "surgical find," in the ease with which it was removed, in which the sac and its contents weighed above fifty-one pounds. The patient, Mrs. W., from Massachusetts, fifty-two years of age, first noticed a growth in the abdomen two years before. It had remained stationary for several months, seemed gradually to enlarge for a month or two, and then fairly boomed into an enormous globular enlargement distending the entire abdomen, so pressing upon the stomach and diaphragm as to interfere with eating, breathing and sleeping, making life a burden. Her bowels were severely constipated and frequent emptying of the bladder, day and night, was necessary to her comfort. As she lay upon the table in the dorsal decubitus her abdomen towered above the rest of her body as a young mountain.

A three-inch incision a trifle to the right of the linea alba quickly brought the pearly grey of the sac into view. The edges of the wound were retracted and a Spencer Wells trochar was plunged into the distended sac. A thick grumous fluid to the amount of above fifty pints escaped through the tube attached to the trochar, completely filling a metal foot-tub in which it was received. The emptying was done gradually, covering a space of several minutes, in order to avoid shock and pulmonary collapse, the rapidity of flow being determined by the condition of the breathing and pulse. At one time collapse threatened, as it was being too rapidly withdrawn, when a hypodermic injection of brandy over the heart quickly restored the patient.

The sac was nothing more than a large bladder-like membrane and was easily withdrawn without enlarging the opening. There were no adhesions or other evidences of inflammatory action, the pedicle was not more than an inch and a half in its greatest diameter, and of but a few lines in thickness. Not more than an ounce of blood was lost during the operation and the recovery was quick and perfect. The sac was so distended that it seemed impossible that it should have been able to have resisted the pressure it had to bear; it doubtless would not have borne very much more of distension. It was the thinnest ovarian sac I have seen, the pedicle the smallest and the quantity of fluid contained the greatest.

Atresia Vaginae, Cervical Stricture and Implantation, Mental Aberration.—Mrs. R., daughter of a leading citizen of Chicago during his lifetime, and donor to Hahnemann Medical College, presented for examination and treatment in the summer of 1896. Complained of dysmenorrhea lasting throughout the catemenial period; constant backache; reflex headaches which drove her almost insane; constant burning on the vertex; violent attacks of palpitation; moderate leucorrhea; capriciousness of sexual appetite. Dated her ill-health back eight years to the birth of her youngest child; labor had been severe and precipitous; recovery slow, lochial discharge continuing uninterruptedly and freely for five weeks. Was afraid of going insane and at times "acted queerly." Was melancholic, flew into a rage at trifles; alternately despondent and excitable; had aversion to her children and sister, and altogether was quite unstrung and unlike her former amiable, lovable self.

Digital examination showed the vagina almost impenetrable, with hard cicatrices on both sides and above. The recto-vaginal septum was free of scar-tissue. Speculum examination was almost impossible because of the degree of atresia, but was finally effected with virgin instrument. Cervix bound down to the left and above, and almost implanted in the vaginal structures at the left upper angle of the vaginal pouch; vaginal walls contracted and indurated at distal end of sheath.

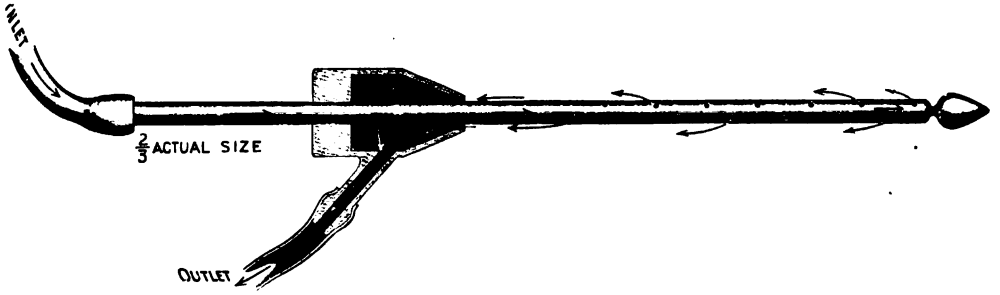
This patient presented a most peculiar atresia due to traumatism. At the time of her labor, in which she was attended by a negro midwife, there being no doctor at hand, the cervix and vagina were doubtless shredded by the rapidly on-coming head prior to complete dilatation. As healing took place the torn surfaces were brought into close apposition, the result being an almost complete cervical implantation and vaginal atresia, with the consequent mental and physical reflexes described.

It was no easy task to overcome the obstacles revealed to sight and touch. But with knife and scissors I dissected up the lateral vaginal walls until I had them fairly well freed from the sub-mucous structures, incised away long strips of cicatricial tissue, dredged beneath the mucous membrane so as to loosen that tissue and enable me to draw the freshly incised edges together wherever I had removed strips of cicatrix, finally securing a satisfactory degree of release of all vaginal membrane bound down by plastic inflammation. The cervix was treated in the same way until it could be brought into the vaginal axis by the vulsellum, when dilatation, curettement and trachelorraphy were performed and all the cervical scar-tissue was dissected away. Its lateral surfaces, especially, were left bare and bleeding, the cervico-vesical aspect being also completely denuded.

Vaginal stitches were inserted laterally in all the incised wounds caused in the removal of cicatrices, and their surfaces were carefully apposed, the sutures being snugly drawn but not sufficiently so to greatly decrease the new vaginal calibre. Before this step in the operation was completed I collared the raw cervix with narrow strips of borated gauze. How to keep these in place to prevent re-imbedding in the raw vaginal surface was a problem. Finally, it occurred to me that a gauze-wrapped virgin Ferguson speculum would answer the purpose. The vagina was distended with it, sufficient upward pressure being applied to firmly secure the cervical collar; its distal end was filled with loosely applied sterile gauze intended to serve the purpose of a drain and to occlude the air, the proximal end being like-

wise occluded. I feared the lateral pressure of the speculum would destroy the effect of the vaginal operation, but it did not; the collar was snugly held until a sufficient degree of granulation had commenced to minimize the danger of recurrence of cervical imbedding or vaginal atresia, and the case made a good recovery. Of course the vagina is not an ideal one. But what vagina is ideal that has been subject to severe shredding-laceration and subsequent cicatricial contraction?

The mental status of this patient is now perfect. For several weeks her melancholia and alternating excitability increased, until it was thought the operative measures had done harm instead of good. But with complete healing of the denuded tissues and with the mental comfort which followed upon a self-acquired consciousness, from repeated examinations, of the overcoming of the local constrictions, improvement set in and has continued. The dysmenorrhea, leucorrhea, vesical irritation, backache, reflex-headache and tachycardia have all disappeared. I have found it desirable to occasionally distend the vagina with a Pratt bivalve, and have administered an occasional dose of Graphites, it suiting the general temperament of the patient and covering the previous pathological state—contracted cicatrices—better than any other remedy of which I have knowledge. Later, if there appear evidences of narrowing of the calibre of the vagina I shall supply the patient with a Pratt rectal dilator, or bulb, with instructions for its systematic use, hoping thereby to prevent any considerable degree of returning atresia. At the present moment, however, I see no reason to anticipate any trouble on this score.



URETHRAL IRRIGATOR.

THE IRRIGATION TREATMENT OF GONORRHEA.

BY GEO. W. HOPKINS, M. D., CLEVELAND.

Continuous irrigation of the urethra as a treatment for gonorrhea was first suggested by Dr. W. S. Halsted, and the results secured by him, after the adoption of his method, were so favorable that it has rapidly come to the front as a superior method of treatment for that disease. So good an authority as Prince A. Morrow says in his work on "Genito-Urinary Diseases, Syphilology and Dermatology:"

"Several agents have been employed with a view to aborting gonorrheal urethritis, among which may be mentioned bichloride of mercury (1 to 30,000), permanganate of potassium (1 to 1,000). A quart of the solution should be used morning and night.

"The judicious use of bichloride of mercury in cases of acute gonorrhea is attended with better results in subduing the painful and disagreeable features of the disease than that of any other agent; that recovery is more rapid and permanent, and the frequency of inflammatory complications is greatly reduced.

"A hot retrojection of bichloride of mercury (1 to 30,000) is employed (1 to 2 quarts of water) twice daily. Under this treatment the painful symptoms rapidly disappear; the secretion undergoes a change from an abundant, thick, purulent discharge to a thin, watery fluid. In uncomplicated cases where these directions are carried out the discharge generally ceases in from six to twelve days."

Other authorities of equal note endorse it in the same manner.

The method of irrigation first employed and still widely used, consisted of taking a flexible rubber catheter, with large beveled eyelets, and inserting it nearly into the bladder. It is then attached to a syringe and the selected solution is permitted to pass through the urethra without the withdrawal of the catheter, the lotion finding its way out between the catheter and the urethral walls. This method, while highly successful, has several objectionable features, which have been eliminated by the employment of improved irrigators, among the best of which is Dr. Westfall's, which is here illustrated:

It is a substitute for the catheter formerly used and is employed a little differently.

A fountain syringe is attached to the inlet and a drainage tube to the outlet. The perforations are directed obliquely backward, the waste fluid readily draining out through the sliding recurrent chamber and drainage tube.

The irrigator can be inserted in the urethra to any desired depth and then the recurrent chamber is brought in contact with the meatus, so that no dripping of the fluid will occur. The nozzle is provided with a changeable olive tip of varying size, which can be selected according to the needs of each case. This completely closes the urethra behind the inflamed surface, and prevents the injection from passing further back than desired. The urethra may be inflated or "ballooned" at will by simple pressure upon the drainage tube. This, of course, brings the medicated fluid in contact with every part of the urethral surface desired. This method of irrigation is far superior to the old one, because it is more cleanly, thorough and efficient. The results secured are better, even, than those secured where the catheter is employed, the discharge usually being stopped in from three to six days without any bad after effects.

A treatment which will, with entire safety, give such results, is certainly entitled to wide adoption.

PERITYPHLITIS—A STUDY OF THE PERITONEUM.

BY M. R. BARKER B. S., M. D., CHICAGO.

A few months since I published two papers in the Medical Century, in which were presented my views concerning appendicitis and typhlitis. I endeavored to show that they were entirely different lesions, requiring very different treatment, and demurred to the present practice among medical men of classing both under the head of appendicitis. These papers created so much interest among medical men gen-

erally that I have received many communications concerning them, most of which were queries regarding the treatment of perityphlitis.

In those papers I condemned surgical measures in acute typhlitis. Some physicians in reading this, abridged by leaving out the word "acute," and to their minds the idea was conveyed that I condemn surgical measures after abscesses have formed, which condition they have termed perityphlitis. Hence the queries: "How would you treat perityphlitis, or, as others put it, perityphlitic abscesses, if not surgically?"

Let me say, once for all, that I do not condemn surgical measures when these so-called perityphlitic conditions occur, but on the contrary think it the only treatment from which we may expect prompt beneficial results. These questions, however, suggest another thought. Physicians' minds are burdened with a multiplicity of terms applied to diseased conditions, some of which tend to confusion rather than to lucidity, while others are misleading and worse than useless. Perityphlitis is one of these. I deny the existence of such a lesion. To make this position tenable I invite those who may disagree with me to study briefly the anatomical relations of some of the abdominal organs; viz, the peritoneum, its relations to the viscera; the cellular tissue posterior to the caput-coli, and ascending colon.

Anatomy of the Peritoneum.

In order to present these structures and their relations clearly we will study them synthetically (if I may use this term in this relation). To do this we will consider the peritoneum removed from the abdomen, all other structures remaining in their proper positions. We will now place the peritoneum in its proper relation with them. The peritoneum is a large closed sac of serous membrane entirely empty excepting a small quantity of fluid. We will make an opening in one end of this sac large enough to admit our hands so that they may come in contact with every part of the inside of it. Putting our hands in the sac we proceed to place it. Commencing with the diaphragm, with one hand we spread the anterior wall of the sac over the anterior and lateral parietal walls. With the other hand we tuck a fold of the posterior wall of the sac between the liver and diaphragm; this wall is then spread over the anterior surface of the liver, tucked in between stomach and liver, pushed through to posterior surface of liver, spread over posterior surface and tucked in from behind between liver and diaphragm to meet the fold tucked in from the front, thus covering the liver with peritoneum. We now continue this portion of the posterior wall of the sac on to the inferior surface of diaphragm, from thence on to the posterior abdominal wall covering it all, down to a point opposite the transverse colon. We now leave the posterior wall and approach the anterior abdominal wall until the trnsverse colon is reached. The peritoneum is now spread over the superior half of this organ, as half of a coat sleeve (the sleeve divided longitudinally) would cover half the arm. From this point a fold of the sac is dropped in front of the small intestines, as a blanket would drop when only one end of it was fastened; the other held at the same point, the center would drop, forming a fold. This fold forms an apron in front of the small intestines reaching nearly to the groin. The anterior wall of this fold is continued up to the anterior surface of the stomach, spread over this surface, carried backward over the inferior surface, up over the posterior surface, and over the superior surface of the stomach to the point we entered between the stomach and liver.

Thus we have formed the lesser peritoneal cavity. The liver, stomach and half the transverse colon are now covered with peritoneum.

We now commence with a new portion of the posterior wall of the sac, spreading it over the anterior surface of the apron that lies in front of the small intestines, thence folding it back and spreading it over the posterior surface of the apron, thus making an apron of four thicknesses of peritoneum in front of small intestines, known as the omentum.

We have now reached the transverse colon again. Spreading the peritoneum over the inferior half of this organ, as we had already done with the superior half, we continue the peritoneum on to the posterior abdominal wall, thus forming the meso-transverse colon. We now fasten the peritoneum to the posterior abdominal wall.

We next proceed with the remaining portion of the posterior wall of the sac toward the abdominal wall for about four inches, or until we are in front of the small intestines. We now straighten out a coil or two of these, and over them place a part of the posterior wall of the sac, as a blanket would be hung over a line, bringing the two walls nearly together behind the intestine, and continuing them side by side to the posterior wall of the abdomen along the spinal column. The fold on the right side is then fastened to the right side of the spinal column, and the fold on the left side to the left side. The rest of the small intestines are treated likewise, folded transversely and placed in their proper positions. Thus the mesentery proper is formed.

The posterior wall of sac is now continued. The part attached to the right side of the spinal column is spread over the right posterior abdominal wall, and that attached to the left is spread over the left posterior abdominal wall. These are continuel respectively until the ascending and descending colons are reached. A fold is then tucked behind these colons to about their center, longitudinally, and fastened to the posterior abdominal wall. The hand is then withdrawn and the peritoneum spread over these colons as over the small intestines, and tucked behind the colons from the outside to meet the fold tucked in from the inside, and fastened, thus forming the meso-ascending colon, meso-descending colon and meso-sigmoid flexure.

The posterior wall of the sac is then continued on to the lateral parietal walls to meet the anterior walls of the peritoneal sac. In placing the peritoneum around the cecum we make a pocket in the posterior wall of the sac just large enough to contain the cecum, into which the cecum is placed as a pillow is put into its case. This pocket is attached to the posterior abdominal wall at its mouth, the attachment being called the meso-cecum. By this arrangement the cecum is given a freedom of motion not given to any other portion of the colon. It is also the only part of the intestine entirely covered by peritoneum. The appendix is covered in the same manner as the intestine, though not fastened to the abdominal wall.

The posterior wall of sac is now spread over the posterior wall of the pelvis, in front of the rectum, under which a fold from each side is tucked to its center, longitudinally, and fastened, thus forming the meso-rectum.

We now fold the peritoneum forward on to the posterior surface of the bladder, if a male; if a female on to the posterior surface of uterus, then over the fundus and onto the anterior surface, from thence

over the bladder in like manner as over the uterus, and on to the anterior parietal wall.

By this method of studying the peritoneum and its relations with the other organs of the abdominal and pelvic cavities, I wish to impress some facts; among them that every organ of these cavities, of whatsoever nature, lies outside the peritoneal sac, though, with a very few exceptions, almost entirely surrounded by it in such a manner that they are practically inside of it; that the peritoneum is the outside membrane surrounding the abdominal viscera, and that there is no tissue whatsoever surrounding these organs outside the peritoneum in its normal condition; that a typhlitic abscess rupturing externally (that is, not into the lumen of the gut) will certainly discharge its contents into the peritoneal sac.

Continuing our anatomical study a little further, we find a large quantity of cellular tissue lying posterior to the caput-coli and ascending colon; a very small quantity of this tissue is found posterior to the transverse colon and none posterior to the descending colon. This tissue lies between the peritoneum and posterior abdominal wall. The ascending meso-colon is attached to this tissue and through it to the abdominal wall, while the descending meso-colon is attached directly to the abdominal wall. I have found this true in a large number of dissections I have made and am convinced that it is universally true.

Function of the Peritoneum.

Why is this? To answer this question we must know the function of this tissue. It is a loose connective tissue, allowing a certain freedom of motion to organs connected by it. We know the peristaltic motion of the caput-coli and ascending colon must be far more energetic much of the time than that of the descending colon, in order that they may overcome the force of gravity in discharging their contents; and for this reason they must and do have a greater freedom of motion. This freedom is given them by this cellular tissue. Hence we have much of this tissue posterior to the ascending colon and none posterior to the descending colon.

Having thus studied the anatomy of the abdomen we are ready to discuss perityphlitis. A typhlitis is an inflammation of the walls of the caput-coli or colon. A perityphlitis would be an inflammation of the tissues surrounding these organs. Our anatomical study has shown us there are no such tissues, hence such a lesion is impossible. In chronic typhlitis sometimes a partially organized lymph may be formed around the peritoneal coat of the cecum. Suppuration may take place in this tissue. We have been taught to call this a perityphlitic abscess, but there is no reason for it. This condition is always secondary. The cecum is always involved primarally, and this is an outgrowth of the diseased cecum. Chronic typhlitis is the true condition, and typhlitic abscess the proper name.

The cellular tissue of which I have spoken in our anatomical study is sometimes the seat of an inflammatory process, and when so the lesion is known as perityphlitis. The name is not suited to the lesion, as it does not in any way convey an idea of the tissue involved, but misleads by directing the mind to tissues that do not exist. I would suggest "post-typhlitic cellulitis" as a better name.

As we are liable to meet this lesion at any time a few words concerning it may not be out of place here. The cellular tissue when inflamed is liable to go on to suppuration. The pus, however, is not usually collected into a circumscribed abscess at the seat of inflammation, but as it forms passes through the meshes of this tissue to the most dependent part. So it does here. If the inflamed surface is posterior to the caput-coli the pus passes along the course of the iliacus and psoas muscles and collects near the anus or in the groin. If the inflamed surface is higher the pus collects near the right kidney or posterior to the liver, following the course of the quadratus lumborum. Sometimes, by reason of the tissues being greatly swollen, the avenues of escape are occluded and an abscess forms at the seat of the lesion.

In these cases a local peritonitis ensues. I believe, however, that it is rare that the deeper coats of the intestine are involved, causing typhlitis or appendicitis. That this is possible, however, I do not deny; but it is hard to understand how the term perityphlitis could properly be applied to this condition in any form it might assume.

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PLASTIC SURGERY OF PELVIS.

BY FLORENCE N. WARD, M. D., SAN FRANCISCO, CAL.

In presenting some thought upon plastic surgery of the pelvis, I shall not enter into any elaborate descriptions of the details of vaginal and uterine operations, but shall present such practical things as have come to me in constantly repairing these lesions and watching the after-results.

Of late years, we have been so impressed with the brilliant results in abdominal surgery, that the other branch of operative gynecology, namely, plastic surgery, has been, in a measure, neglected. But the pendulum is swinging backward. As we realize the limitations of abdominal work and see how every surgical success is not a cure for the patient, through disappointments, we are willing to return to the plastic work, and by remolding weak and diseased tissues, or by refashioning them to better perform their function, aim to prevent their removal.

In plastic surgery, we neither destroy nor remove, but we take the material before us and so mold it, so far as may be, that it is restored to the shape, size and condition in which nature first designed it and at which point alone its normal function is untrammelled. It is a higher art than abdominal surgery, requiring more mechanical skill and artistic ability, besides a thorough knowledge of the physiological function of the part concerned, and an appreciation, as well, of the mechanical laws by which it is governed. It is because of the greater difficulties of good plastic surgery over abdominal, and the much greater special training required, that the temptation to radical operations is so great where an efficient knowledge of the capability of plastic work is wanting. Thus, removal of the uterus for procidentia is unwarranted when we have mastered the art of fashioning the tissues and restoring them to their normal function and position. Vaginal hysterectomy for cancer will be many times unnecessary when by plastic work we shall have anticipated pathological changes by restoring the lacerated cervix.

Plastic work of the pelvis differs from plastic work of other parts of the body in that in the latter we work largely with skin and sub-adjacent tissues, while in the pelvis we not only deal with mucous and sub-mucous tissues, but also with an intricate arrangement of fascia and muscles so placed as to maintain the integrity of the pelvic contents, and yet to allow of great elasticity and distension. Any deviation from the normal disposition of any of

these separate tissues is productive of serious pathological results.

In plastic surgery, to secure success, not only must superficial structures be restored, but also the deeper tissues. The poor results among the German operators in their plastic work arises from the fact that they do not realize this necessity. They seek to restore by working upon the mucous membrane alone, and aim, by forming an eminence or mass of mucous membrane by puckering it together, to make it act as an obstruction to relaxed and falling tissues above.

The Sphere of Plastic Surgery.

Plastic surgery of the pelvis has its sphere principally in injuries from child-birth and the pathological changes resulting therefrom, whether from the injuries to the cervix, resulting in laceration, to the vaginal walls, resulting in their sloughing and fistulae, or most frequently in the separation and laceration of perineal tissues and the pelvic floor.

Other conditions calling for plastic work are either congenital defects or malformations. It is impossible to lay down fixed rules for this class of cases, each case is unique and must be individualized. Makenroth has cited most interesting cases of complete atresia vaginae that he has overcome and then formed a new mucous canal by transplanting mucous membrane from the denudation of a rectocele on another patient.

In plastic work of the pelvis we deal almost entirely with mucous surfaces. The peritoneal surfaces of the pelvic organs in our abdominal work upon them should have no raw surfaces left on the peritoneal side any more than upon the mucous surface. Care should be exercised that any raw peritoneal surface that is made be covered by peritoneum and sutured by running catgut to prevent intestinal or omental adhesions with their possible complications. Pedicles should be turned in and stitched. After myomectomy, the uterine-peritoneal surfaces should be approximated and stitched. It should always be the aim after celiotomy, as far as possible, to have an unbroken peritoneal surface.

The Outer Pelvis—Method of Procedure.

Plastic work upon the outer aspect of the pelvis may be done by any of the following methods:

1. Uniting fresh surfaces, as in primary operations.
2. Denuding mucous membrane and uniting underlying tissues.
3. Flap method or flap splitting.
4. Employment of useless organs to supply areas of lost tissue.
5. Skin grafting.

The first method is employed immediately after the laceration occurs during child-birth. As lacerations occur in fully 20 per cent. of all primaparae, and as they are productive of most of the pathological lesions occurring after, I thoroughly approve of all lacerations upon the genital tract being repaired immediately. Every raw surface is a menace to the patient and a possible point of septic infection during the parturium, besides interfering and delaying normal involution on the part that is torn. Dudley has progressed in the right direction when he advocates the immediate repair of the cervix as well as the perineal tissues. After the delivery of the child, the cervix is or can be thrown close to the vulva; it is devoid of sensation, and the necessary sutures can be quickly introduced with or without the aid of chloroform, after which the solution of continuity in the vaginal tissues can likewise be effected, and if aseptic measures have been used, primary union can be had throughout. In the immediate repair of the cervix we do away with the slow granulation process of nature, the formation of the cicatricial tissues in the angles of the wound that are productive of so much after-reflex conditions and that are at times so difficult to dissect out. The time is coming when every obstetrician will be as much expected to repair the torn cervix as he now is to repair the perineal body.

The second method of denuding the mucous membrane and uniting underlying structures is the method most employed in the secondary operations. It is the method most applicable to the largest number of cases and most universally used. In America, where plastic work has reached its highest development, the scissors are used in preference to the knife, the superficial tissues being caught by tissue forceps and removed in long strips. On the Continent, the knife is used in preference, the mucous membrane being removed in one flap which is partly torn and partly dissected from the underlying tissues. I prefer the scissors, as being more accurate and neater.

The flap method, or flap splitting, is used where there are defects in which a flap can be dissected up and moved to the needed place or where a septum can be split into two parts and utilized where there is loss of tissue. Bischoff's method and Tait's flap splitting perineal operation are examples of this kind of work.

The fourth method, or the utilizing of useless organs to supply areas of lost tissue, is a most ingenious procedure originated by Freund. He has successfully utilized the senile uterus to fill up an extensive destruction of the bladder wall, as well as in cases of procidentia, where he utilizes it to strengthen and support thinned out and weakened vaginal tissues.

The principal lacerations of the genital tract that we are called upon to repair are lacerations of the cervix and perineum. For the cervix it is hardly possible to improve upon Emmett's trachelorrhaphy. Before performing it, I curette the uterus, pack it with gauze to assist in the involution, as it is rare to find a uterus that is torn which is not in a state of subinvolution. In case the erosion and hyperplasia are marked, and the island of tissue that is left for the canal is encroached upon or removed, I cut a strip of mucous membrane from the vaginal fornix and bring it down, and then stitch it with catgut to the mucous membrane continuous with the canal. There is no post-operative condition more annoying to the patient and to the surgeon than a stenosis following trachelorrhaphy. For that reason, should such a possibility present, I bring down a flap from the vagina for the cervical canal, so as to prevent any such result.

We are rarely called upon to repair lacerations of the anterior wall of the vagina, the greatest and most extensive tears occurring posteriorly, and such plastic work as is necessary anteriorly usually is secondary to perineal injuries.

Perhaps nothing will illustrate better the advances in the pathology and surgery of post partum traumatisms than to glance back upon the methods of the past few years. From Baker, Brown, down through Simon and Hegar, Winckel, down to Kehrers, LaFort, Freund and Martin, the teaching has been that the perineal body is the support of the uterus, that it must be built up and as a mass plug up the outlet to prevent the torn and relaxed tissues above from coming down. It was for Emmett to discover and formulate the true pathological con-

dition in lacerations of the pelvic floor and his labors have been supplemented by Dudley, Noble and Kervan.

Structural Anatomy of Pelvic Floor.

A knowledge of the structural anatomy of the pelvic floor is an absolute necessity for a proper understanding and execution of the repair. The perineum is not a supporting body for the uterus, for if so, there would be procidentia in all complete tears; this is not only rare, but the exception. The importance of the function of the perineum has been much exaggerated. It is simply a movable point of attachment for the muscles and fascia, as they sweep from the anterior bony wall of the pelvis back to the posterior bony wall. It is also the movable point of attachment for the vagina and rectum. An important point truly, but only one of many important structures that close the lower part of the body. The pelvic floor is formed of strong fascia and muscles, principally the levator ani, the fibres of which are attached to the side walls of the true pelvis and descending unite with each other to form the floor of the pelvis. It supports the viscera and surrounds the various structures as they pass through it. The levator ani with the strong fascia forms the floor of the pelvis; its function is that of lifting up the pelvic floor, and the outlets to which it is attached to keep the vaginal walls in apposition.

It is the separation of these fibres, the tearing of them away from the vagina and rectum, that allows the separation of the vaginal walls, the sagging of the floor, and the obliteration of the anal cleft. All this may occur, and the perineum remain apparently intact or but partly torn. The laceration is in the fibres of the levator ani and fascia higher up, and to bring about a successful result it is necessary to denude deeply into the angles of the vagina and bring the torn fibres of the levator ani together; in the same manner that it is necessary in complete tear of the sphincter ani to denude deeply until the torn ends of the sphincter are seen, and then unite them before a perfect result is assured, both as regards union of the muscle and restoration of its function.

Types of Injury.

It is useless to enter into a description of the different kinds of tears, and formulate an operation for each kind; every tear differs, and each case must be carefully individualized and repaired according to the requirements and with a proper understanding of the architectural structure. The first essential must be the observation of the landmarks, the myrtiform caruncule, as showing the external superior limit of the tear, and the cicatrix as showing the direction of the laceration. The second essential is the thorough denudation well beyond the highest point of the rectocele with the dissection carried deeply into the angles of the vagina. The third essential is the approximation of the deep lying muscles and fascia as well as the cutaneous surfaces, so that no raw surfaces be left to granulate. In the introduction of sutures to bring together similar structures, one of the greatest principles of plastic surgery should be observed, that the sutures from their points of entrance to their points of exit be completely buried, so that they shall not appear on the exposed surfaces.

When all these points in complete and incomplete technique are closely observed, the result should be a restoration of the perineum and pelvic floor to their natural condition before being lacerated, and not a mass of tissue, a "large, solid, perineal body" that many operators aim to make, which, being contrary to natural conditions, disturbs the natural equilibrium of the pelvic floor, and in itself is productive of pathological changes. Replace rather than enlarge.

I have gone thus deeply into the consideration of lesions on the post-vaginal wall for the reason that a proper understanding of repair solves the problem of the treatment of relaxation and prolapsus of the anterior wall of the vagina. When the posterior wall of the vagina is closely approximated to the anterior wall, when it is well brought up to the pubes by the levator ani and with the vagina piercing the pelvic floor at an angle of 60 degrees, as are the natural conditions, there is no possibility of protrusion of the anterior wall or cystocele any more than there is for a rectocele.

The prevention and cure of the cystocele must therefore be in the treatment of the perineum and levator ani muscles and fascia. The pubic segment of the pelvic floor is loosely attached to the pubes and anterior side walls of the pelvis and offers no fixed points for the attachment of thinned and prolapsing vaginal tissue. So for the radical cure we must depend upon the repair of the post segment. The redundant and thinned out mucous membrane I trim off usually in the form of the oval denudation, according to the size of the cystocele, and approximate the surfaces by layers of buried catgut sutures, thus aiming to convert the convex vaginal wall into the concave wall of natural conditions.

In looking over the literature of these lesions, one is appalled at the mass of literature that is written and the countless operations devised, remarkable alike for their complexity and variations. With a proper understanding of the structural anatomy of the pelvis and the pathology resulting from a disturbance of the normal relations, perineorrhaphy is characterized by simplicity, as is the true solution of every problem.

There are a few points of technique yet to be noticed. In these aseptic days it is almost needless to dwell upon the necessity of asepsis in every detail of the work, pus in any direction means weakening and possible destruction of some part of the work. I operate with a stream of warm sterilized water always flowing over the field of operation, thereby avoiding any bruising of tissues by sponging.

After using all kinds of ligatures for the cervix and perineum, I have returned to the use of silver wire. It has proven most satisfactory, its chief advantages being that it acts as a split; it may be allowed to remain indefinitely and can readily be seen to remove it.

The external wound at the close of the operation is painted with iodoforized collodion.

My after-care is briefly thus: Place the patient at rest and let her alone; allow her to urinate herself. Catheters are an abomination, almost invariably leaving an irritable urethra after. No douches are given. The external parts are sprayed with sterile water after urinating and a sterile gauze pad is kept constantly at the vulva. The patient is allowed to move quietly in bed, the external sutures are removed on the seventh or eighth day, the internal vaginal on the tenth or twelfth, and the cervical sutures may be allowed to remain almost indefinitely until the perineum has ceased to be sensitive and a Simm's speculum can be introduced. The bowels are moved on the third day in complete and incomplete tears. For the first few days the diet is regulated, almost entirely liquid, animal broths constituting largely the regimen, so as to prevent the formation of large scybalous masses.

With a view of presenting the present status of

plastic work in the pelvis among homeopathic surgeons, I have written to twenty-one operators, and appended are the answers received. They are most interesting as crystalizing the best thought upon the subject in our school.

Methods for Uterine and Vaginal Plastic Surgery Among Homeopathic Surgeons, 1897.

Note—The appended reports were prepared by Dr. Ward in tabulated form, but are here presented seriatim as a matter of typographical convenience. —Ed. Medical Century.

1. Dr. J. M. Lee, Rochester, N. Y.

Method of Repairing Lacerations of the Cervix.—By amputation when stellate, and trachelorrhaphy when bi-lateral. In two instances, hysterectomy for rents which extend nearly to the fundus.

Surgical Measure in Versions of the Uterus.—Ventro-fixation and Alexander's operation.

Surgical Measures in Flexions.—Retroflexion: the same. Anteflexion: divulsion and grooved hard rubber stem.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation and grooved stem. Sometimes Sim's operation.

Operation Preferred for Cystocele.—Hager's.

Operation Preferred in Rectocele.—Hager's, with ventro-fixation.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Hager's, Tait's or modifications to fit the special case.

Surgical Measures for Procidentia Uteri.—Plastic operation on the vagina, with ventro-fixation, and two or three times a year vaginal hysterectomy, with anterior or posterior colporrhaphy at the same sitting.

Suture Material Prefered in These Plastic Operations.—Catgut and silkwormgut.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Catgut. Good results.

2. Dr. Geo. R. Southwick, Boston, Mass.

Method of Repairing Lacerations of the Cervix.—I follow Emmett closely. Use catgut and stay sutures, silkworm gut; but it is a serious question whether better results are not obtained from silver wire.

Surgical Measure in Versions of the Uterus.—Dilatation, sometimes curette.

Surgical Measures in Flexions.—Sometimes dilate, ventral fixations, especially if adhesions present.

Surgical Measures in Stenosis of the Os Uteri.—Divide, dilate, stem.

Operation Preferred for Cystocele.—Emmett's.

Operation Preferred in Rectocele.—Emmett's.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Some modification of Emmett, according to case. Rarely split septum and unite sides.

Surgical Measures for Procidentia Uteri.—Hysterectomy; otherwise, narrow vagina and ventral fixation.

Suture Material Prefered in These Plastic Operations.—Catgut, supplemented by silkworm-gut, but am far from convinced that silver wire is not the safest and surest material.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Catgut. Usually good; not always, as the gut is not always sterile.

3. Dr. W. B. Morgan, St. Louis, Mo.

Method of Repairing Lacerations of the Cervix.—In a fresh case, by interrupted sutures of silkworm-gut. In an old case, the same, after trimming edges and removing cicatricial tissue.

Surgical Measure in Versions of the Uterus.—Have never had a case where I thought it advisable to stitch fundus to abdominal wall or to do Alexander's operation. In bad versions near the climateric age have done vaginal hysterectomy.

Surgical Measures in Flexions.—Wide dilatation, and loosening of adhesions, if present.

Surgical Measures in Stenosis of the Os Uteri.—Never had a case. Use dilation for contraction.

Operation Preferred for Cystocele.—Removal of the oval or Y-shaped portion of vaginal mucous membrane. Coaptation and suture of margins of wound and repair of perineum.

Operation Preferred in Rectocele.—Essentially the same as for cystocele.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—In a fresh case, continuous catgut suture of vaginal mucous membranes, ditto anal when torn deep, suture of silkworm gut through perineal body. In an old case split flap.

Surgical Measures for Procidentia Uteri.—Repair of perineum, contraction of vagina, hysterectomy.

Suture Material Preferred in These Plastic Operations.—Silkworm-gut.

If Buried Suture, What Suture Material Is Used and with What Result?—Use none.

4. Dr. Horace Packard, Boston, Mass.

Method of Repairing Lacerations of the Cervix.—When simple and recent, Emmett's operation. When of long standing, accompanied by erosion and granular dilatation, amputation by the Simon method.

Surgical Measure in Versions of the Uterus.—Occasionally, Alexander's when conditions are suitable. Do not approve of ventral fixation.

Surgical Measures in Flexions.—Anteflexions usually require no surgical measures other than extreme dilatation of the cervix. Retroflexions without adhesions, Alexander.

Surgical Measures in Stenosis of the Os Uteri.—Extreme dilatation with graduated bougies to the point of rupture of some of the circular fibres of the cervix.

Operation Preferred for Cystocele.—The Stoltz operation is most reliable in attaining satisfactory results. I use Emmett's operation sometimes, but do not fully approve of it.

Operations Preferred in Rectocele.—Martin's operation always.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—No one method. Always adapt operation to nature and extent of the injury. Always, however, closely approximating the perineal muscles with buried sutures. Most always two to four silkworm-gut; deep sutures are used with superficial catgut for accurate surface approximating.

Surgical Measures for Procidentia Uteri.—Hysterectomy, or anterior and posterior colporrhaphy, perineorrhaphy and Alexander, if patient prefers the latter.

Suture Material Preferred in These Plastic Operations.—Catgut, kangaroo tendon and silkworm-gut.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Catgut and kangaroo tendon. Satisfactory results.

5. Dr. Chester G. Higbee, St. Paul, Minn.

Method of Repairing Lacerations of the Cervix.—Remove all cicatrical tissues. Be sure to take a deep

stitch for the superior one; use catgut, except for the last stitch use silkworm-gut.

Surgical Measure in Versions of the Uterus.—None; careful manipulation and mechanical support for a time with proper use of electricity will cure all cases.

Surgical Measures in Flexions.—Same as with versions.

Surgical Measures in Stenosis of the Os Uteri.—Electrical dilatation in all cases.

Operation Preferred for Cystocele.—Depends upon the extent. Electricity will cure many cases, others will need colporrorhaphy. I prefer the Martin operation.

Operation Preferred in Rectocele.—Repair of perineum and other measures as for cystocele.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—No stereotyped method. I use the Tait method where it is applicable, as there is no loss of tissue. An excellent way I have in complete tear is to simply split the torn edges on each side and with very deep silkworm-gut stitches bring the deeper parts of the incision together, then sew the rectal and vaginal surface separately. If possible, I denude and stitch the torn ends of the sphincters together.

Surgical Measures for Procidentia Uteri.—Electricity, pessaries, colporrhaphy, closure of perineum.

Suture Material Preferred in These Plastic Operation.—Catgut and silkworm-gut.

If Buried Suture, What Suture Material Is Used and with What Result?—Very few buried sutures. Catgut, if any.

6. Dr. Dewitt G. Wilcox, Buffalo, N. Y.

Method of Repairing Lacerations of the Cervix.—Freshen the surfaces either with scissors or knife. Take out the corners of cicatrized tissue with the Skeen's hawk-billed scissors. Unite edges with continuous chromatized catgut sutures. No sutures to remove.

Surgical Measure in Versions of the Uterus.—Mechanical support.

Surgical Measures in Flexions.—Ventral fixation; or vaginal hysterectomy, if incurable.

Surgical Measures in Stenosis of the Os Uteri.—Gradual dilatation with graduated sounds and packing of uterine cavity and canal.

Operation Preferred for Cystocele.—Repair of perineum, cure of subinvolution, if either exists, and removal of crescent piece from anterior vaginal wall. In other words, shorten anterior wall.

Operation Preferred in Rectocele.—Much the same.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Complete. First sew up mucous membrane of the rectum (catgut sutures), leaving knots on rectal side. Introduce at least two silkworm sutures into the divided ends of spincter ani, knots on inside of rectum. Then sew perineal body proper, with silkworm. Lastly, unite mucous membrane of vaginal canal (catgut). In this some buried sutures may be used, down near the perineal body. Results have been excellent. Have never had a complete failure. In a small per cent. a small recto-vaginal fistula has resulted, which required second operation.

Surgical Measures for Procidentia Uteri.—Vaginal hysterectomy, unless patient is young and desires children, or there be other good reasons against such procedure.

Suture Material Preferred in These Plastic Operations.—Catgut and chromatized catgut, occasionally reinforced by silkworm.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Fine chromatized catgut. Very satisfactory results.

7. Dr. T. L. Macdonald, Washington, D. C.

Method of Repairing Lacerations of the Cervix.—Splitting up the cervix, dissecting out "plugs," uniting lips with continuous, button-hole suture of No. 3 or 4 catgut (Juniper). Have used nothing but gut for years, with but one partial failure.

Surgical Measure in Versions of the Uterus.—Hysterorrhaphy in the operable cases.

Surgical Measures in Flexions.—Hysterorrhaphy in the operable cases.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation.

Operation Preferred for Cystocele.—Practically an anterior Hegar.

Operation Preferred in Rectocele.—Hegar's colpo-perineorrhaphy; continuous catgut sutures.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Mild cases, the flap, next Hegar's (3 tiers continuous catgut) for the complete, the edges of the bowel are united (occasionally it is brought down as in the Whitehead operation) and the tear converted into an incomplete, the rest united by 3 tiers of catgut.

Surgical Measures for Procidentia Uteri.—Hysterectomy for the operable cases.

Suture Material Preferred in These Plastic Operations.—Catgut, with rarely silkworm supportive sutures.

If Buried Suture, What Suture Material Is Used and with What Result?—I always use catgut for buried sutures in vaginoperineal work, with 2 per cent. of partial union. This might have happened with any other suture.

8. Dr. L. H. Willard, Allegheny, Pa.

Method of Repairing Lacerations of the Cervix.—Operation.

Surgical Measure in Versions of the Uterus.—None.

Surgical Measures in Flexions.—Pessaries.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation.

Operation Preferred for Cystocele.—Cutting out surplus of tissue and sewing with catgut sutures.

Operation Preferred in Rectocele.—Same as for cystocele.

Surgical Measures for Procidentia Uteri.—Removal; vaginal hysterectomy.

Suture Material Preferred in These Plastic Operations.—Catgut and iron-dried silk.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Catgut.

9. Dr. Sidney F. Wilcox, New York, N. Y.

Method of Repairing Lacerations of the Cervix.—Removal of the cicatricial tissue and union with silver wire. Catgut has proved unsatisfactory in many cases.

Surgical Measure in Versions of the Uterus.—For retroversions—ventral fixations.

Surgical Measures in Flexions.—Talbot's intra-uterine stem.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation.

Operation Preferred for Cystocele.—The purse-string.

Operation Preferred in Rectocele.—Usually the three leaf.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—For incomplete, much as for rectocele. For complete dissecting, a flap

from the vaginal surface and turning it down to make a mucous surface to cover the rectal side f the wound.

Surgical Measures for Procidentia Uteri.—When complete, usually vaginal hysterectomy.

Suture Material Preferred in These Plastic Operations.—Silver wire for the cervix, and the external sutures for the perineum.

If Buried Suture, What Suture Material Is Used and with What Result?—Catgut usually; sometimes kangaroo tendon, where I wish them to remain for a long time. Catgut does very well for buried sutures, but is often unsatisfactory in outside work.

10. Dr. M. O. Terry, Utica, N. Y.

Method of Repairing Lacerations of the Cervix.—Curette and pack for granulations and neoplastic formations. Remove thoroughly old cicatricial tissue. Unite with chromatized catgut. Perfect union by this method for two years.

Surgical Measure in Versions of the Uterus.—Pessary with rubber stem attachment for throwing uterus forward or backward.

Surgical Measures in Flexions.—Stem pessary, with rubber attachment for retroflexion.

Surgical Measures in Stenosis of the Os Uteri.—Dilate and at times use negative pole of galvanic current.

Operation Preferred for Cystocele.—Remove tissue, shaping surface as the case seems to demand.

Operation Preferred in Rectocele.—Same as for cystocele.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Bring the muscles together by buried sutures of catgut. Supporting sutures of silkworm. Lift portion vaginal membrane.

Surgical Measures for Procidentia Uteri.—Investigate case. The cure is of a progressive, operative character.

Suture Material Preferred in These Plastic Operations.—Catgut.

If Buried Suture, What Suture Material Is Used and with What Result?—Chromatized, if I wish it for ten days or longer; otherwise, ordinary.

11. Dr. Homer I. Ostrom, New York, N. Y.

Method of Repairing Lacerations of the Cervix.—If the case is of long standing, I usually find it necessary to remove a wedge from both anterior and posterior lips and bring them as near as the laceration together with catgut.

Surgical Measure in Versions of the Uterus.—I have had satisfactory results from ventro fixation.

Surgical Measures in Stenosis of the Os Uteri.—Through division with iodoform gauze packing.

Operation Preferred for Cystocele.—Denuding the vaginal wall, and sewing with fine catgut.

Operation Preferred in Rectocele.—Same as for cystocele.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—The Hall operation, combined with some denudation of vaginal wall, using for the first silkworm-gut and for the latter catgut.

Surgical Measures for Procidentia Uteri.—First: Ventro fixation. Second: Vaginal hysterectomy.

Suture Material Preferred in These Plastic Operations.—Catgut which I have prepared in my Private Hospital after my own formula.

If Buried Suture, What Suture Material Is Used and with What Result?—Rarely buried sutures; when I do, catgut, and since using my own have had good results.

12. Dr. W. E Green, Little Rock, Ark.

Method of Repairing Lacerations of the Cervix.—After dilating the cervix and curetting the uterus, the cervix is slit up on either side; then the edge of a very sharp scalpel is laid longitudinally upon one or the other side of the mucous tract of the cervical canal (a tenaculum having been previously fastened in the scar tissue on that side), and the offending tissue shaved away, usually from within outward. The opposite side of the lower, then both sides of the upper lip, are treated in the same manner, thoroughly dissecting out all of the scar tissue. The cleft is then closed with No. 2 sheep-gut ligatures, introduced after the method of Emmett, two or three being used on either side. The vagina is then packed with sterilized gauze, which is left in place from five to seven days.

Surgical Measure in Versions of the Uterus.—Mild cases when possible are managed with pessaries, severe ones by hysteropexia.

Surgical Measures in Flexions.—The cervix is dilated and the uterus curetted, then snugly packed with gauze. This is left in for five days, removed, the uterus cleaned, and a large plug of gauze introduced well up to the fundus; this is done every other day for several days, according to results. When the cervix is elongated, it is amputated.

Surgical Measures in Stenosis of the Os Uteri.—If caused by cicatrix resulting from operative measures, the cervix is incised on either side and kept packed with gauze until healing results. If from cicatrical contraction incident to caustic applications, amputation is performed and mucous flaps from the vagina turned in. Some cases yield to dilatation.

Operation Preferred for Cystocele.—Removal of an elliptical incision of the vaginal structures extending from near the cervix to the meatus; after which the muscular structures are brought together by a continuous buried sheep-gut No. 3 suture, and the mucous membrane united by another continuous suture of same material.

Operation Preferred in Rectocele.—The flap dissections for repair of perineum are carried well up to the cervix and the space closed by sutures passed from one side of the vagina to the other and tied in the vagina.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—In complete, a vaginal flap is dissected up and the deep parts brought together by buried sheepgut sutures, introduced in such a way as to most effectually bring the parts together, with least tension. The vaginal flap is then trimmed up and the mucous membrane and skin brought together by No. 1 sheepgut interrupted sutures. In complete laceration the same flap dissection is executed, then a V-shaped incision is made of the redundant rectal structures; this gap is closed by bringing together the cut edges of the gut by a small No. 1 sheepgut continuous suture. The superstructures are then managed the same as in complete rupture.

Surgical Measures for Procidentia Uteri.—Repair, or when necessary, amputate the cervix, remove diseased ovaries and tubes, and do hysteropexia. Sometimes perform hysterectomy followed by anterior and posterior colporrhaphy. Like the first method better.

Suture Material Preferred in These Plastic Operations.—Use sheep-gut exclusively.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes. Sheep-gut. Most satisfactory results. I have never had a failure in a

perineum, and only one complete and one partial failure in cervix, to unite. My experience comprises several hundred operations.

13. Dr. O. S. Runnels, Indianapolis, Ind.

Method of Repairing Lacerations of the Cervix.—I lay the cervix in the line of laceration to the depth of cicatrization, and then remove in its entire extent all scar tissue, taking care to freshen that portion of cervix in proximity to the os which was found gaping. I then close, by interrupted sutures, using silver wire with spiral and clamped shot for the first suture at the os (on either side if bilateral) and sheep-gut for the deeper sutures. I prefer the clamp spiral to the twisting of the wire, as you are not liable to compress the tissue too tightly. Sheep-gut alone has disappointed me, in its too ready absorption or failure to secure perfect union. Since making use of silver for the first, or insurance, suture, I have had no trouble.

Surgical Measure in Versions of the Uterus.—For versions and flexions, remove all causation of mal-nutrition. See to it that cervical canal is sufficiently patulous, that endometrium is devoid of vegetations or abnormal thickenings, that cervix if nulliparous is fully developed, and if primiparous or multiparous is free from cicatricial embarrassment, that the vaginal and perineal supports are normally adequate, and finally, that all forms of vulvae, vesical or rectal irritation and nerve waste are abated. Follow this with glycerole (of calendula or hydrastis, etc.) tampon and maintain correct position through sufficient time, not forgetting Galvanism or Faradism and appropriate internal remedy. If cystic ovaries or diseased tubes are a part of the problem and have deranged beyond reclamation, they should be removed at the beginning. The primary object of all intervention for uterine displacement short of the major surgical procedures is the rehabiliment of pelvic forces; the re-establishment of tonicity in ligament and muscles and general system. This failing, employ Alexander's or ventro-fixation or ablution, according to indications.

Surgical Measures in Stenosis of the Os Uteri.—Divulsion, curetting and packing.

Operation Preferred for Cystocele.—The Munde operation. (The so-called "purse-string.")

Operation Preferred in Rectocele.—Repair of perineum with lap on fold of recto-vaginal wall, if necessary.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—In repair of lacerated perineum, I practice the sub-mucous dissection, converting of the membrane into flaps; thus affecting the repair without discarding or paring away any tissue. If the laceration be complete, the flap should be divided about midway between rectal and vaginal borders by horse-shoe incision, making two flaps, the one having attachment to the recto-vaginal border being thrown forward into the breech of the bowel and its edges united, forming a rectal flap, while the vaginal flap is left as before and may serve as a roof to the new perineal body. The deep sutures are placed as usual and the parts brought together. You thus have three lines of sutures, rectal, perineal, and vaginal, which will insure absolute success of the operation, providing the details have been thoroughly carried out.

Surgical Measures for Procidentia Uteri.—If procidentia is present in a woman who has reached or passed her menopause, then I advocate hysterectomy, and such narrowing and closure of the vaginal vault as will preclude intestinal descent. If she be yet young, strengthening perineal and vaginal supports may be sufficient.

Suture Material Preferred in These Plastic Operations.—Ordinarily I use sheep-gut sutures in my minor plastic work. For the deep sutures of the perineum I use silkworm or silver.

If Buried Suture, What Suture Material Is Used and with What Result?—I have made extensive use of the buried sutures, using sheep-gut, but have latterly had dissatisfaction. In spite of my greatest precaution, I have had cases with pus following, causing opening of the integumentary union and closure by second intention. I have ascribed it to septic suture material, and have used the greatest precaution in that matter.

14. Dr. S. B. Parsons, St. Louis, Mo.

Method of Repairing Lacerations of the Cervix.—Most of such cases are repaired under cocaine anesthesia; many in knee-chest position. I freshen the edges, being careful in removing all hard tissue in the angle of the wound. Use catgut as a rule, and place sutures from flap to flap transversely across wound. In four cases used a single suture, entering the needle at the free end of one flap one-half inch from its torn surface, and transversing its entire length till the angle of wound is reached, when the needle is made to appear on the vaginal surface. A short length of thread is drawn through the needle, re-entered at its point of exit, and carried through the opposite flap to its free end, where it emerges one-half inch from its abraded surface. I endeavor to keep the needle as near the middle of the flap—that is, midway between the cervical and vaginal surfaces—as possible. The edges are closely applied to each other and the suture tied, care being taken to have all slack in the suture at the angle removed by drawing on it firmly before tying. First case was a failure; last two, good results. Find it cannot be employed except in those cases where the wound can be well drawn down, so that room is given for manipulating the needle, excepting when the long-handled, straight, perineal needle is used with an eye at the point, which then can be introduced, afterwards threaded and withdrawn, in conveying the suture through the second flap.

Surgical Measure in Versions of the Uterus.—If adhesions exist, I remove if possible by Brandt or Schrader's method, packing the post cervical space after each seance. If this plan fails it is then a question of vaginal section or celiotomy and ventral fixation, if the uterine body is large and heavy. If there are no adhesions my plan is reposition by bimanual efforts, the patient being in knee chest position, and snugly tamponading the vagina afterwards.

Surgical Measure in Flexions.—Same as for versions, if there are or are not adhesions. In case of a hypoplastic condition of the uterine neck at the point of flexion, I employ extreme dilatation under anesthesia, or section, curetting if needed, and that is generally required, and packing of canal. Previous to this treatment, I always tampon the vagina with cotton or warm lint soaked in glycerine and calendula, to soften the hardened structures.

Surgical Measures in Stenosis of the Os Uteri.—Gradual dilatation until dilators can be introduced, then rapid opening of canal. A week or more of preparatory treatment same as for flexions is always given. Two or three cases presented long uterine necks, which were first amputated and then dilated. In all cases, I pack the cervical canal after dilatation.

Operation Preferred for Cystocele.—The method I am more familiar with and rely upon is Emmett's

modification of Sims' or Stoltz's anterior colporrhaphy.

Operation Preferred in Rectocele.—A combination of colporrhaphy and perineorrhaphy has yielded the best results.

Method of Repairing Laceration of Perineum. Complete and Incomplete.—Tait's method, if the laceration extends high up the bowel; sometimes unite the torn first, leaving the perineum for a second operation. In incomplete variety, posterior suture passed so as to form a purse-string effect and anterior ones are kept buried. The parts dissected up are not removed, but made to form a flap, which is brought down and sutured to the margins of the wound, after the perineal edges are united and forms a cover or protection to the wounded parts.

Surgical Measures for Procidentia Uteri.—Amputation if chronic and thickened with exudates or hypertrophied. When of recent occurrence it is replaced and held by anterior and posterior colporrhaphy or mechanical support. In a few cases in aged persons, I have, in a measure, held it up by nearly closing the vaginal outlet, but this plan is not very satisfactory.

Suture Material Preferred in These Plastic Operations.—Catgut for cervical lacerations; kangaroo tendon or silk for the remainder, although I have used catgut, specially prepared, to last ten days, in some perineal operations.

If Buried Suture, What Suture Material Is Used and with What Result?—My practice in all kinds of operations is to bury the sutures when possible, no matter what the suture material may be, but I prefer catgut, kangaroo tendon or silk. Not infrequently, however, suppuration occurs more from want of attention to detail in their use than from negligence in preparing them.

15. Dr. John H. Thompson, Pittsburg, Pa.

Method of Repairing Lacerations of the Cervix.—As a rule, I resort to Emmett's operation; at times, Schrader's.

Surgical Measure in Versions of the Uterus.—Ventro or vaginal fixation. The vaginal fixation, Mackerodt's method, should not be performed on women capable of ancumy if it can be avoided.

Surgical Measure in Flexions.—Same as versions. Indications are adherent retro-displacements, which cause suffering incurable by other means.

Surgical Measures in Stenosis of the Os Uteri.—Divulsion, rapid method.

Operation Preferred for Cystocele.—Stoltz's method.

Operation Preferred in Rectocele.—Prof. A. Martin's of Berlin. Coleo-Perineorrhaphy.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Prof. Martin's method.

Surgical Measures for Procidentia Uteri.—Vaginal hysterectomy, if long standing and secondary hypertrophic cervix. Mild cases, shortening round ligaments; postero-colpo-perineorrhaphy and colporrhaphy.

Suture Material Preferred in These Plastic Operations.—Chromicized catgut ligatures.

If Buried Suture, What Suture Material Is Used and with What Result?—Chromic catgut as a buried suture, without a single failure to report from its use.

16. Dr. E. S. Bailey, Chicago, Ill.

Method of Repairing Lacerations of the Cervix.—Such methods as occasion the smallest loss of normal tissue. Thorough removal of the scar tissue, laterally and deep. Approximation with silkworm-gut sutures.

Surgical Measure in Versions of the Uterus.—Ventral fixation if long standing. Tampons persistently applied.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation with Gortel dilator or graduated sounds.

Operation Preferred for Cystocele.—Plastic purse-string, or long oval denudation with very careful approximation with catgut.

Operation Preferred in Rectocele.—Butterfly operation for repair of the perineum with denudation extended upwards to meet requirements of the prolapsed posterior vaginal wall.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Butterfly operation for perineum, silkworm-gut and catgut. Tait's silkworm-gut and silk.

Surgical Measures for Procidentia Uteri.—If of long standing, hysterectomy.

Suture Material Preferred in These Plastic Operations.—Silkworm-gut for retaining sutures for strength, approximation with interrupted catgut, or running suture, of fine silk.

If Buried Suture, What Suture Material Is Used and with What Result?—Have discarded all buried sutures.

17. Dr. E. H. Pratt, Chicago, Ill.

Method of Repairing Lacerations of the Cervix.—Split cervix in seat of original tear, so as to divide this scar; after which, with tenaculum knife, plug forceps and scissors, the scar tissue is carefully removed, being careful not to denude the cervix more than necessary, and leaving the denuded tracts straight. Second: Denude the unhealed but cicatrized portion and shape the cervix and external os with tenaculum knife and scissors. Stitch submucously with a single thread.

Surgical Measure in Versions of the Uterus.—Pessaries, Alexander's operation. In some cases Hysterectomy.

Surgical Measure in Flexions.—Stems and other pessaries; ventral fixation, or Pratt's operation some cases of retroflexion. Alexander's operation in some cases of retroversion.

Surgical Measures in Stenosis of the Os Uteri.—
1st. Uterine packing.
2d. Intra-uterine stems.
3d. After treatment including electricity.
4th. Other orificial work called for at the same time.

Operation Preferred for Cystocele.—Oval flap removed from cervix to meatus; usually continuous and submucous stitching strengthened with a few interrupted sutures.

Operation Preferred in Rectocele.—Long oval from cervix to perineum in aggravated cases; stitching as in cystocele.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Flap method, submucous and subcutaneous stitching; the former (complete) sometimes receives American operation as well, but not always; one thread closes the tissues both deep and superficial.

Surgical Measures for Procidentia Uteri.—Hysterectomy and coleorrhaphy combined preferred; otherwise, colporrhaphy and ventral fixation. (Cervical laceration usually present, as well as perineals receives repair.)

Suture Material Preferred in These Plastic Operations.—Catgut.

If Buried Suture, What Suture Material Is Used and with What Result?—Catgut; satisfactory; failures exceptional, and always explainable; stitches not to blame.

18. Dr. G. W. Roberts, New York, N. Y.

Method of Repairing Lacerations of the Cervix.—Dilatation of cervix, and curettement if necessary. Careful and free denudation, and amputation. Continuous catgut sutures usually; wire very rarely.

Surgical Measure in Versions of the Uterus.—Alexander's operation sometimes and ventral fixation sometimes; depends upon condition of patient as to the probability of future pregnancy.

Surgical Measures in Flexions.—In cases accompanied by metritis, curettement with replacement, with use of pessary, or Alexander's operation, or ventro-fixation; depends upon character of flexion, age of patient, etc. In case accompanied by adhesions and involvement of tubes (probably due to metritis, extending to salpingitis), laparotomy, salpingectomy, ventro-fixation.

Surgical Measures in Stenosis of the Os Uteri.—Wide divulsion, curettement, incision in some cases.

Operation Preferred for Cystocele.—Careful repair of perineum and cervix supplemented by anterior elyhorrhaphy.

Operation Preferred in Rectocele.—Repair of perineum—usually by Emmett's operation.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Incomplete, by Emmett's operation, as a rule. Flap splitting in the milder cases. Complete lacerations are treated by a modification of the flap-splitting method of Tait, using buried sutures, supplemented by silkworm-gut sutures from the surface.

Surgical Measures for Procidentia Uteri.—Repair of perineum in some cases. Vaginal hysterectomy in many cases of women past the menopause.

Suture Material Preferred in These Plastic Operations.—Chromicized and plain catgut. (Edebohl's method.)

If Buried Suture, What Suture Material is Used and with What Result.—Yes. Plain catgut in all cases where the suture comes to the surface at any point where drainage is used or suppuration likely to occur. In clean cases chromatized catgut. Results are satisfactory. Have had no cases where suppuration came from the suture.

19. Dr. James W. Ward, San Francisco, Cal.

Method of Repairing Lacerations of the Cervix.—According to Emmett's method, using the silver wire sutures.

Surgical Measure in Versions of the Uterus.—Abdominal fixation for retroversion.

Surgical Measures in Flexions.—Same as in versions.

Surgical Measures in Stenosis of the Os Uteri.—Dilatation with graduated sounds.

Operation Preferred for Cystocele.—Anterior colporrhaphy, with Dieffenbach's denudation and buried catgut sutures.

Operation Preferred in Rectocele.—Wylie's perineorrhaphy.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Perineorrhaphy, with deep denudations of the angles, stitching up the fibres of the levator ani muscles with silver wire sutures.

Surgical Measures for Procidentia Uteri.—During child-bearing period, repair of lacerations if existing, and restoring tissues to their natural condition by plastic work. After the menopause, removal of the uterus, if hypoplastic, and then restoring the vagina by plastic work.

Suture Material Preferred in These Plastic Operations.—Silver wire catgut.

If Buried Suture, What Suture Material Is Used and with What Result?—Only on the anterior vaginal wall. Catgut success good.

20. Dr. Oscar Leseur, Detroit, Mich.

Method of Repairing Lacerations of the Cervix.—Denude, and suture with chromatized catgut.

Surgical Measure in Versions of the Uterus.—Ventro-fixation, obstinate retroversion.

Surgical Measures in Flexions.—Rapid dilatation.

Surgical Measures in Stenosis of the Os Uteri.—Complete dilatation.

Operation Preferred for Cystocele.—Oval denudation, suture with the finest chromatized catgut.

Operation Preferred in Rectocele.—Split to upper border of prolapsing wall, and suture as above.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—Complete. H. Gaetz. Incomplete; split operation, saving vaginal floor; buried catgut suture (carboized); externally silkworm-gut. (Dr. J. C. Wood.)

Surgical Measures for Procidentia Uteri.—Amputate the cervix in young. Vaginal hysterectomy after 45.

Suture Material Preferred in These Plastic Operations.—As described.

If Buried Suture, What Suture Material Is Used and with What Result?—Buried carbolized catgut in perineal operations has been successful.

21. Dr. J. Kent Sanders, Cleveland, Ohio.

Method of Repairing Lacerations of the Cervix.—The usual denudation as in the Emmett operation, and the stitches of chromatized catgut, three or four on either side, depending on the amount of excision.

Surgical Measure in Versions of the Uterus.—When versions are due to faults in the pelvic floor I remedy those; when caused by adhesions in the pelvis, I break them up; when due to tumors in the pelvis or abdomen, I remove them if possible.

Surgical Measures in Flexions.—Remove causes of flexion, if they are surgical in origin. Treat the endometritis, which is usually present, by dilating, curetting and packing.

Surgical Measures in Stenosis of the Os Uteri.—Dilate the cervix.

Operation Preferred for Cystocele.—The elliptical incision and dissection into the submucosa.

Operation Preferred in Rectocele.—The same operation, combined with perineorrhaphy where it is necessary.

Method of Repairing Laceration of the Perineum. Complete and Incomplete.—I use a flap splitting operation, bringing the freshened ends of the muscles together with deep buried kangaroo or chromicized catgut sutures. After the vaginal flap is dissected up, I cut out a small V-shaped portion of the vaginal mucous membrane.

Surgical Measures for Procidentia Uteri.—Perineorrhaphy; trachelorrhaphy.

Suture Material Preferred in These Plastic Operatons.—Chromicized catgut and kangaroo tendon.

If Buried Suture, What Suture Material Is Used and with What Result?—Yes; chromatized; prepared by George St. John Leavens, 72 Bible House, New York City.

Pedology.

PEDOLOGICAL PICKINGS.

Chronic Bronchitis.

Residence in the country is always to be recommended for children with chronic bronchitis.—(Lyon.)

Favor Nocturnus.

The etiology of favor nocturnus in children is that of neurasthenia and treatment should be along the line of nutrition and moral suasion.—(Der Kinderarzt.)

Ichthyol for Bites and Stings.

In the case of bites of flies, bees, wasps, etc., the application of ichthyol quickly causes the inflammatory phenomena to abate, and in a few minutes all feeling of pain, burning, and itching ceases. It is best applied pure, a thick layer being laid on with a brush."—(Munchener Med. Wochenschrift.)

A Cause of Lepto-Meningitis.

"It has happened to the writer to witness two cases of supposed lepto-menigitis in adults, with fatal termination, supervening on chronic suppurative states that had followed scarlatina many years before. Had the aural trouble been effectually treated the meningeal inflammation would in all probability have been averted." (Starr.)

Lavage of the Stomach.

Lavage of the stomach in children will give positive results:

1. In every gastro-intestinal affection.
2. In all acute as well as chronic disturbances of the digestion; in these cases they should be employed daily until the vomiting and other symptoms have ceased.
3. In cases of intestinal occlusion from invagination.
4. In congenital constipation, and especially
5. In cases of poisoning.—(Olmier.)

Cramming Being Condemned.

German physicians are also awakening to the evils of the cramming system in the schools. German children are more "crammed" than English and American children, which is saying a great deal. A writer in the Deutche Medicinische Wochenschrift severely criticises the work of a celebrated Berlin gymnasium, where the sixth class does thirty-three lessons per week. Griesbach is quoted as authority for the statement that the brain of an overtaxed child requires several hours of rest before it can get back to the normal. Burgerstein says that boys of twelve years of age need an interval of five or six minutes to recuperate from forty minutes of study.

Danger of Insufflation of Powders in the Ear.

Grunert's warning against the careless insufflation of powdered boric acid in purulent middle ear disease should be carefully taken to heart by the general practitioner. According to him the danger in using powdered boric acid consists in the formation of crusts in cases where the discharge is scant. This is particularly often the case in the most dangerous variety of ear disease, thus sealing up a small perforation. It is better for such as are not proficient in the use of the head-mirror, and who for that reason will not be able to recognize the contraindications for the use of powdered boric acid, to eschew this remedy altogether, as they might do more harm with it than good.—(Pediatrics.)

Heredity of Hysteria.

"People are born hysterical, and do not become so. Where there is this hereditary constitution three principal factors may provoke the manifestations of hysteria; these are 'education,' 'emotion,' and 'contagion.' Education is a frequent factor. Nervous children, instead of being sent to bed early and kept free from excitement during the day, are by some parents obliged to work too much or are excited by being taken to pay visits, or by being allowed to play at noisy games. Sometimes they are taken to the theater, or made to play little parts in private theatricals. Telling emotional or terrifying stories is a faulty form of education, and especially instrumental in provoking hysterical manifestations in children thus constituted."—(M. Pitres.)

A New Urinal for Babies.

In addition to the fact that the micturition of infants is involuntary, fecal matter is nearly always present in the urine. With the exception of the use of the catheter, which is too inconvenient, I have tried with no satisfactory results every conceivable plan to overcome the obstacles, and have finally invented an apparatus myself. For the male infant I use a pear-shaped india-rubber bag with an orifice in its posterior part, into which the penis and scrotum are introduced. This is fixed in position by an abdominal belt. At its lower end is a metal tap through which the collected urine can be drawn off. For female babies a kind of funnel flattened laterally is fixed round the vulva, leaving the arms outside. It has also a tap which is straight when closed, and is thus not interfered with by the pressure of the thighs of the infant.—(M. Marfau in Journal de Clin. et Therap. Inf.)

A Last-Century Post-Mortem Record.

In a copy of the account of the dissection of the body of the Hon. Mr. Howard, aged nine months and one day, dated June, 1789, the clinical details of the case are cited as follows:

"The child was suddenly taken ill with a strong convulsive spasm; immediately after the spasm it passed a large, copious and natural stool of a liquid form, and on attentively considering the whole abdomen I felt, or thought I felt, under the lower ribs on the left side some enlarged substance not very hard to feel. The child was otherwise in full health and habit, with a placid countenance, smiling, almost in the arms of death. Every kind of purgative was given by the mouth. Sixteen enemata were administered of every kind from plain saline clysters to more stimulating ones. Tobacco in infusion and in fume, as well as others with fetids and assafetida, but all without effect. It never had any other stool during the sixty hours it continued in life."

Necrosed Intestine.

An infant, perfectly healthy up to this time, was suddenly taken with vomiting, discharge of a considerable quantity of blood from the rectum, without admixture of feces, meteorismus, and great abdominal pains. The child went rapidly into collapse, refused the breast, and could only be nourished with a solution of egg albumen, cooled on ice. The vomited matter was at first odorless, but began to assume a fecal odor on the third day. On the fifth day a bloody mass, covered with mucus, presented at the anus, beside which a small loop of intestine hung down. Efforts at reposition were unsuccessful; the intestinal loop gradually protruded further and with it the vermiform process. The presenting portion of the intestine was the cecum. On the sixth day the vomiting ceased, the child drank the albumen water with avidity, and on the evening of the sixth day had a number of watery, brownish-colored stools with a strong odor. During the night it took the breast. On the seventh day a semi-solid yellowish stool was passed. The general condition now rapidly improved, sufficient nourishment was taken, and the abdomen became softer. On the evening of the seventh day imbedded in a movement was found a portion of intestine. The child recovered rapidly, took the breast regularly, and is to-day perfectly well. The portion of intestine consisted of ileum,

colon with vermiform appendix and a portion of the ascending colon.—(Munchener Med. Wochenschrift.)

Extreme Abdominal Distension.

Dr. Geo. F. Still, Medical Registrar and Pathologist of the Hospital for Sick Children, Great Ormond street, London, England, in writing of the acute abdominal distension of rapid and extreme type in children, supervening usually in the course of a severe illness and generally just before death, says that clinically the distension has more significance than as a mere part of the process of dying; that it hastens death, indeed, and in some cases is even the determining cause of death; moreover ,as a fatal termination does not always follow the distension, treatment may secure recovery, or at least render the last minutes or hours of the child's life more comfortable. Some relief is nearly always obtained by placing the child on its side, and more yet by diminishing the pressure on the diaphragm by raising the child's shoulders and propping it up with pillows. Dr. Still thinks that where there is time Creosote in minim doses may be counted on to decrease the gaseous distension. He combats the child's general exhaustion by hypodermic injections of Strychnine and brandy, or Ammonia and ether per oram. While the child's condition is usually so desperate that one is compelled to try local measures, there is yet little dependence to be put in most of them. The passage of a long soft tube per rectum may bring away some of the gas, though it usually fails, a failure readily understood when the post-mortem has revealed a distended colon and a tightly contracted and empty sigmoid flexure and rectum, so that it was quite impossible to reach the distended portion with the tube. Where the stomach seems to be especially affected the passage of an esophageal tube has given great relief. Enemata of soap and water or of turpentine are worth a trial, but are generally disappointing. Dr. Still is inclined to view with favor the idea of puncturing the intestine as a last resort.

Phlyctenular Diseases in Negroes.

Dr. T. C. Evans, a southern old school physician, in a paper read before the Louisville Clinical Society, says that he has not been able to verify the opinion that the colored race is as a race more prone to phlyctenular disease than the white; he thinks that the apparent preponderance is due to the negroes' environment and mode of life and not to racial proclivities.

The percentage of cases occurring in the negro race is not greater than in the Caucasian who have like surroundings. In the majority of cases it is accompanied by an eczema of the face and scalp. The eczematous patches usually appear first about the alae of the nose, at the angles of the mouth, or at the canthi of the eye lids, and may remain limited to these areas, or may extend over the face and scalp. In many cases the nose is filled with a thick, viscid mucus which the child is unable to expel. Some well-marked cases, however, occur in patients who are otherwise apparently in perfect health, and in whom it is impossible to detect any diathesis or eczematous lesion. The frequency with which it complicates, or is complicated by, eczema, has led most recent investigators to regard it as an eczema of the conjunctiva and cornea.

Dr. Evans' statement as to the non-preponderance of phlyctenular disease in the negro elicited some testimony in rebuttal from one of his confreres who called attention to the fact that phlyctenular ophthalmia is often called also strumous or scrofulous ophthalmia, and who said, further, that he did not see how anybody could run a dispensary clinic in Louisville without being profoundly impressed with the prevalence of strumous or scrofulous ophthalmia in the negro; that he knew that of the eye cases that present themselves at the university clinic among the colored race, roughly speaking, fully one-half are suffering from the presence of active inflammation, the result of the so-called phlyctenular disease or its sequelae—corneal ulcers with perforations, or corneal scars that mark the site of former ulcers.

Another thing that has impressed him in a clinical way is the much more frequent occurrence of phlyctenular disease in the colored adult as compared with the white. We do not find phlyctenular disease very often in the white adult, but in the negro adult it is quite prevalent. A point which emphasizes this statement is that we all recognize that the negro is essentially a strumous or scrofulous subject; this being true, the strumous or scrofulous forms of eye inflammation are more to be expected in the negro. Further evidence of the prevalence of phlyctenular disease in the negro can be demonstrated to any one interested in eye diseases by a visit to the Kentucky Institution for the Blind. The number of colored children that have become blind from this cause is very large.

Medical Legislation.

AN OPEN LETTER TO THE MEDICAL CENTURY.

BY S. A. JONES, M. D., ANN ARBOR, MICHIGAN.

Will you allow space for a physician who began his medical education forty years ago to express the deep satisfaction with which he read your recent paper on Medical Legislation in the United States? He desires to give the views therein expressed his heartiest endorsement, be that however worthless it may be. Perhaps he will be credited with having gotten sufficient knowledge of medicine to justify the utterance that your article has certainly evoked; and it is possible that he will not be considered as unduly depreciating the worth of an "actual" medical education. (I employ the quotation marks to intimate that a veneered article bearing that name, "medical education," is in the market and that it actually commands a premium.)

Are not we doctors too apt to forget Lord Verulam's suggestive criticism: "Medicine hath been more professed than labored, and yet more labored than advanced?" And in this latter-day medical legislation is there not more professed zeal for "raising the standard of medical education" than downright, earnest labor for its advancement? Is there not a selfish consideration; the profession being so well stocked with practitioners and the competition becoming so keen (the soup, meanwhile, getting thinner and thinner) that we are suddenly filled with a virtuous and wholly disinterested desire for such an elevation of the "standard" as will keep out as many as possible. In a word, is not much of our medical legislation, in so far as it clamors for the "higher standard," pure and simple cant? I do not expect my query to be answered; and if it should be it is so easy to ask questions that I can follow it up so as to make these conundrums quite interesting.

I happen to be struggling for my bread and butter in a territory where this precious "standard" has been raised until it is fairly "out of sight;" but I do not discern or hear, with all the eyes and ears at my

command, that the "standard" of the physician, the practitioner, is correspondingly elevated.

There is a most suggestive difference between the "dress parade" of the college quiz and the "actual service" of the bedside. There it isn't at all a question of epaulettes or of class rank; there it is demonstrated that "science" belongs in the college (if there's not too much of it), while "art" is the sine qua non in that which pertains to the supreme end of all—the doing.

To be sure, the medical graduate of to-day is decorated with frills and fringes that require a special education to remember even their names; nevertheless, I seriously question if, in all that really makes a "practitioner," the boasted advanced medical education of the present is to be compared for downright efficiency with that of the under-graduate days. I do believe that, perhaps, in the matter of diagnosis the modern graduate starts with an advantage*; but even an absolutely correct diagnosis goes but a little ways toward reconciling the corpse to the coffin; nor do I believe that a post-mortem corroboration of the most brilliant diagnosis soothes the widow's pang—unless the life insurance be sufficient to set up the second husband in business.

In the practice of medicine "sense" is the forte and "science" too largely the foible—and a foible cuts but a sorry figure in the face of death! When the empiric Talbot was asked by the quid-nuncs of the Sorbonne, "What is intermittent fever?" the reply was sublime in all the audacity of common-sense: "*It is a disease that I can cure and you can't!*" Wisely, the examination ended then and there. Science is all right, it knows; art takes a back seat in the halls of the Sarbonne—but art d-o-e-s! And the world distinguishes the difference, to the discomfiture of all Sorbonnes whatsoever.

I would not be understood as deprecating the fullest knowing that science can enable, but let us be sure that we verily do k-n-o-w. Science swears by the dot over an "i," but surreptitious "fly specks" are sometimes mistaken for honest printer's ink, and then knowing has speedily to become an unknowing. Science has to change her ballast so often; the cargo is not gold, but pyrites. And yet it is "science," or quasi-science, that furnishes the frills and fringes of a modern medical education. Let us, in God's name and that of the afflicted, stick to the unadorned, substantial homespun that wears so well!

It is significant, Mr. Editor, that one of the most learned of Scottish physicians, the late Dr. John Brown of Edinburgh, was a strenuous disbeliever in medical legislation. Please get the Third Series of his Horae Subsecivae—"Spare Hours," as the American publishers choose to translate it—and read his paper on "Free Competition in Medicine." Let me quote the beginning thereof in the hope that it may incite others to the reading of it:

"I have long thought that it was nonsense and worse, the avowed and universal exception of the craft of healing from the action of Adam Smith's law of free competition, introducing enactment and license into the public relations of medicine, thus constituting a virtual monopoly."

These plain words were first written in 1857, but on republishing the paper in 1882 the good doctor adds a preliminary note to the American edition, to this effect:

"I am more convinced that ever of the futility and worse, of the Licensing system, and think, with Adam Smith, that a mediciner should be as free to exercise his gifts as an architect or a mole-catcher. The public has its shrewd way of knowing who should build its house or catch its moles, and it may be quite safely left to take the same line in choosing its doctor."

How will the following brick find its victim in many and many a college faculty: "A degree can pretend to give security for nothing but the science of the graduate, and even for that it can give but very slender security. For his good sense and discretion, qualities not discoverable by an academical examination, it can give no security at all."

And what will "the profession" say to this: "The great success of quackery in England has been altogether owing *to the real quackery of the regular physicians.*"

I beg leave to add the italics are not mine; the "copy" was underscored by as learned a pen as ever wrote a prescription.

The ending of Dr. Brown's paper is commended to the attention of the medico-political cobblers, whether in college faculties or on State Examining Boards, and in the hope that they may "tak' a thought an' mend." Here it is:

"Let there be no interference, under the name of qualification or license, with free trade in medical knowledge and skill. There is in the body politic, as in the body natural, a self-regulating power to which we ought to take heed, and trust its instincts, and not our own contrivances. This holds in religion, in public morals, in education; and we will never prosper as we might till we take the advice Henry Taylor relates that an old lady of rank gave to her anxious daughter-in-law, when asked by her what she would advise as to the education of children: 'I would advise, my dear, a little wholesome neglect.'"

I am more than glad that the independent editorial forces are alive to this miserable trade-union selfishness. All honor to Dr. Kraft for his outspoken expression in the last issue of the American Homeopathist. It is to be hoped that all the untrammeled members of the editorial fraternity will find voice; then it will soon be found that a leaden type is more deadly than the bullets of any tyranny.

The world does move; the guild with its parchment-vouched privileges is a relic of by-gone times, and no institution that lives only by virtue of such a "pull" is in place in a republic that is composed of the people, sustained by the people, and must be in all things for the people. The tricks of the politician may for awhile succeed, but the principle underlying all medical legislation, as we know and feel it, is un-American, and, therefore, unsatisfactory, and, thanks to the lessons of '76, unsubstantial and transitory.

*Except in "appendicitis." Bellyaches are so confusing!

THE MEDICAL LAW OF SOUTH DAKOTA.

I wish to correct your error in regard to South Dakota's medical law. By an act of 1893 the State Board of Health was constituted a Board of Medical Examiners and, "Any person who is a graduate of a lawful medical college, who has attended three full courses of medical lectures of six months each, no two full courses within the same year," etc. "Upon presentation of proofs of same, and payment of a fee of five dollars, shall receive a license to practice in the State."

By an act of 1895 the membership of the State Board of Health was increased from three to five, of which number there is at present one homeopath.

By the way, every county seat in our state is a

good location for a homeopath and there are twenty or thirty such unoccupied. A. A. Cotton, M. D.
Vermillion, South Dakota.

(The Medical Century acknowledges the correction with appreciative thanks. It desires to give only correct information always. Now give us, also, a specific list of the good locations referred to.—Ed. Century.)

Associations.

WESTERN NEW YORK HOMEOPATHIC MEDICAL SOCIETY —QUARTERLY MEETING.

BY W. D. YOUNG, M. D., SECRETARY, BUFFALO.

There was held in Lockport, Niagara County, N. Y., on October 15th, the regular quarterly meeting of the Western New York Homeopathic Medical Society.

The meeting was called to order by the president, Wm. H. Hodges, M. D., of Niagara Falls, at 1:45 p. m. After the reading of the minutes sixteen new names were proposed for membership and referred to the censors.

An Unusual Eye Cure.

The first paper was by Dr. E. J. Bissell, of Rochester, on "A Case of Apparent Myopia." A peculiar case of a girl, 13 years of age, of neurotic temperament, who had a seeming combination of paralysis of the right side of the face about the eye, ptosis of the right lid with a spasm of the ciliary muscle. There was myopia of eight diopters. Under a mydriatic, relieving the ciliary spasm, the whole condition subsided, with a change in the right eye to a hyperopia of two diopters. A normal balance was later set up with relief of all symptoms.

Alcohol—Its Effects on the Human System.

The next paper was on "The Effects of Alcohol on the Human System," by Dr. Louise M. Chamberlayne, of Rochester. This was based more on the moral and mental effects than the physical. She spoke of the rarity of a temperate criminal, and of the stupidity and moral carelessness produced by the drug.

It was discussed by Dr. Foster, of Buffalo. He believes that the taste for alcoholics is the result of narcotic stimulants given to persons when young, in the form of soothing syrups, coffee, tea, etc. These, in older years, produce a desire for the more powerful stimulants found in alcohol and the like.

Prevention of Various Diseases.

Dr. Newton M. Collins, of Rochester, read a very interesting paper next on "Preventive Measures for Various Diseases," these being the results of sexual abuses. It was an earnest plea for parents to instruct children in the care and uses of the sexual organs and so prevent the unfortunate experiences they would have to learn later. He spoke of the carelessness of girls and parents in overlooking the past of a man who has led a fast life and so bringing upon the young wife many years of pain and trouble as a result of his sexual diseases.

Dr. Lee, of Rochester, commended this paper and wished it would be put before every family in the land.

The Distinctive Values of Homeopathy.

The next paper was a scholarly one by Dr. C. E. Fisher, of Chicago, Ill., on "The Real Values of Homeopathy." He reviewed the common ground upon which walk the homeopath and allopath, and then the ground upon which only the homeopath walks and proved his assertions by many valuable statistics. He spoke of how the law of natural selection prevails all through nature and not the law of opposites; of the yellow fever epidemic of 1878, where the homeopathic physicians' mortality was 6.69 per cent. and that of the old school 18.69 per cent. He gave the results of investigations made in the records of Cook County Hospital by the eclectic profession, showing that the allopaths lost nearly twice as many patients as the other schools, and that the homeopaths had results one-third better than the eclectics. Dr. Fisher's paper was of great value and much enjoyed. It was discussed by several men present and then on motion of Dr. Lee, of Rochester, Dr. Fisher was elected an honorary member of the society.

Old School Therapeutics.

Dr. W. B. Gifford, of Attica, read the following paper on "Therapeutics of the Old School." He said he had hardly believed the statement made recently that old school therapeutics had not advanced a step in 250 years, but on looking the matter over he had found it true. He quoted some remarks of leading men of that school as to the hopelessness of their treatment by drugs, and as a result he spoke of the ready-made compounds thrust upon them by the pharmacists.

Cancer of the Uterus.

The next paper was by Dr. John M. Lee, of Rochester, on "Cancer of the Uterus from the Standpoint of the General Practitioner." This was a very scientific and brilliant paper. It stated that in only about 1,490 of cancers treated could heredity be traced, and then went on, stating the early symptoms of the disease and emphasized the vital necessity of general practitioners making an early diagnosis of this trouble and sending them at once to the surgeon.

His paper was discussed by Dr. Simpson of Tonawanda, Dr. Park Lewis, of Buffalo, and Dr. D. G. Wilcox, of Buffalo.

Sick Room Cravings.

Next was a paper on "Notions," by Dr. J. T. Greenleaf, of Owego, N. Y. This treated of those odd cravings of the sick for different foods or drinks, and so often of a nature which necessitates refusal by the physician. He spoke of the frequency, when the demand had been acceded to, of the recovery of the case and gave several examples of this.

Hay Fever.

Dr. Julia Haywood, of Rochester, read the next paper on "Hay Fever," giving mainly the treatment, suggesting Belladonna, Mercurius, Arsenicum, Phosphorus, Sabina, etc., and giving several cases where a quinine spray had been used with great benefit.

Dr. Warner, of Canandaigua, and Dr. Chamberlayne, of Rochester, discussed the paper, as did also Dr. Hussey, of Buffalo, who said he had treated many cases of hay fever. Under strictly homeopathic methods the disease gradually became less severe and never had it returned after the third season of treatment. One season of treatment is rarely enough for cure.

Local Type of Laryngitis.

Dr. Frederick O. Lewis, of Buffalo, read a paper on "A Laryngitis Peculiar to This Region." This is always caused by the moist southwest winds from over the lake, is acute, dry, congested, burning and causes fever. Atropia, 6x., has always cured it quickly.

The Doctor as a Business Man.

Dr. J. W. Le Seur, of Batavia, read on "The Physician as a Business Man," and of his easy ways of

allowing people to pay or not as they please. The paper was of a practical and timely nature.

The Lighting of Buildings.

Dr. F. Park Lewis, of Buffalo, gave a paper on "How to Light Public and Private Buildings," of scientific and general interest. He spoke of the different kinds of light and of their proper position in the room, to allow the indirect diffusion without direct glare. He spoke highly of acetylene gas and exhibited the light it produces.

New Method of Treating Fractures.

Dr. Geo. T. Moseley, of Buffalo, explained "Some Methods of Treating Fracture of the Femur." He applies the adhesive plaster over the lower leg with wooden foot piece, as in ordinary dressing. Then puts a plaster of paris dressing around the thigh, enclosing two thin strips of wood, which extend downward beyond the foot. Between this lower end of the latter and the wooden footpiece in the adhesive plaster is placed a small steel windlass and this produces counter-extension, at the same time allowing the patient to roll over in bed. Another method was a piece of felt-splint extending over leg and thigh and up to the axilla, lapping over the chest and back. Used with this a long strip of iron extending down and bent under the foot, with a wooden piece cut to fit the foot.

Other Papers.

"An Experience with Chloroform," by Dr. Joseph Rieger, of Dunkirk, N. Y., was an account of the unexpected death of a lad under this anesthetic for a minor operation.

Dr. C. E. Walker, of West Henrietta, read an interesting paper on "Some Considerations of the Eye as a Diagnostic Factor in Disease."

Dr. D. G. Wilcox, of Buffalo, gave some valuable points on Ostitis, referring especially to children and advising a speedy and thorough operation at once after diagnosis.

Dr. F. P. Warner, of Canandaigua, presented an interesting paper on Paranoia, describing the different forms and their causes.

The last paper was by Dr. A. R. Wright, of Buffalo, on "Pseudo-Membranous Enteritis," in which he described some cases of the disease. It was discussed by Dr. Fisher, of Chicago and Dr. Morley, of Sandusky, Ohio.

Those present at the meeting were as follows:

Dr. C. E. Fisher, Chicago, Ill.
Dr. F. W. Morley, Sandusky, O.
Dr. A. R. Wright, Buffalo.
Dr. J. T. Cook, Buffalo.
Dr. F. Park Lewis, Buffalo.
Dr. B. J. Maycock, Buffalo.
Dr. G. T. Moseley, Buffalo.
Dr. G. R. Stearns, Buffalo.
Dr. R. Root, Buffalo.
Dr. F. D. Lewis, Buffalo.
Dr. E. P. Hussey, Buffalo.
Dr. E. A. Fisher, Buffalo.
Dr. P. A. McCrea, Buffalo.
Dr. H. A. Foster, Buffalo.
Dr. D. G. Wilcox, Buffalo.
Dr. C. L. Mosher, Buffalo.
Dr. C. S. Albertson, Buffalo.
Dr. W. D. Young, Buffalo.
Dr. Jessie Shepard, Buffalo.
Dr. Rose Wilder, Buffalo.
Dr. H. L. Towner, Buffalo.
Dr. W. E. Long, Buffalo.
Dr. C. E. Frazee, Buffalo.
Dr. J. G. Chadwick, Buffalo.
Dr. C. W. Searman, Buffalo.
Dr. J. M. Lee, Rochester.
Dr. L. M. Chamberlayne, Rochester.
Dr. E. J. Bissell, Rochester.
Dr. P. W. Neefus, Rochester.
Dr. N. M. Collins, Rochester.
Dr. J. F. Haywood, Rochester.
Dr. M. S. Ricker, Rochester.
Dr. W. B. Gifford, Attica.
Dr. J. T. Greenleaf, Owego.
Dr. W. H. Hodge, Niagara Falls.
Dr. W. D. Hough, Niagara Falls.
Dr. W. C. Cross, Niagara Falls.
Dr. J. F. Gray, Niagara Falls.
Dr. C. E. Walker, West Henrietta.
Dr. J. R. Simson, Tonawanda.
Dr. F. W. Bentley, North Tonawanda.
Dr. J. W. Le Seur, Batavia.
Dr. H. S. Hutchins, Batavia.
Dr. J. E. Slaugh, Warsaw.
Dr. Joseph Rieger, Dunkirk.
Dr. Myra Gillette, Medina.
Dr. Emily Swett, Medina.
Dr. F. P. Warner, Canandaigua.
Dr. W. J. Prish, Royalton.
Dr. F. L. Knapp, Gosport.
Dr. S. W. Skinner, Le Roy.
Dr. W. F. Draper, Wilson.
Dr. S. W. Hurd, Lockport.
Dr. C. F. Buck, Lockport.
Dr. F. A. Watters, Lockport.
Dr. G. J. Pettit, Lockport.

This meeting was one of the most successful, interesting and best attended meetings the Western New York Society has ever had, and the increased interest in the welfare of the school is good proof that things are moving in Western New York.

The Chicago College of Physicians and Surgeons is to throw open its doors for the admission of women. This has been decided upon by the trustees of the University of Illinois, after a bitter fight against the innovation. It appears that this is the result of the determined effort of Miss Hannah L. Hukill to obtain admission. Miss Hukill has paid her own way through two years of medical study by doing work as a stenographer. She was graduated from the Western Normal College at her home in Bushnell, Ill., and then went to Chicago with the determination of realizing her ambition to become a physician. For two years she has attended the Harvey Medical School, and at the same time earned her way. She declined the position of assistant in embryology at the Woman's Medical College of Northwestern University in order to enter the College of Physicians and Surgeons, thinking that she could get a wider training in competition with men. She will be a member of the junior class.

The record of the Cuban hospitals for the past few months is astounding. During the month of May there were over fifty-eight thousand admissions to the general hospitals, of whom twenty thousand died. There were eight hundred and fourteen admissions to the yellow fever hospitals, with a mortality of two hundred and twenty-six. There were over nine thousand admissions to the General Hospital in Havana during the month of June and six hundred and seventy-seven yellow fever patients were admitted to the yellow fever hospitals. The testimony of these two months will serve as a sample of the record for the past six months.

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NOVEMBER, 1897.

Editorial.

NOT DEAD NOR SLEEPETH.

In part from the fact that the originator of the orificial philosophy and practice has concentrated his journalistic articles and most of those of his followers in the pages of his own periodical within the past two years, and in part from the fact that there always comes a lull after the first storm of enthusiasm following upon the introduction of new practices for which large results are claimed, and in part because the greater part of the surgical profession has been closely watching and generally rejecting the pretensions and earlier practices of a too-radical orificialism, not so much has been heard for a considerable period of time of orificial surgery as was heard for a year or two. Therefore, some members of the profession have thought it quite dead, others have thought it dying, and still others, not in the leastwise prejudiced against its paternal ancestor or its precepts and practices, have thought it at least on the wane and properly settling down to its legitimate place in surgery.

But orificialism is not dead, nor sleeping; nor, unfortunately, is it settling down to an altogether legitimate place in relation to general surgery and gynecology. The recent meeting of the Association of Orificial Surgeons, which holds annual conventions in Chicago, and the recent annual course of Prof. Pratt at the Chicago Homeopathic Medical College, show it neither dead, dying nor dragging. It is alive and very well. The meeting was among the best the society has ever held, albeit not as largely attended as when the only orificial class was held in Chicago. The annual course of Prof. Pratt was well attended, though not as well attended as when his Eastern and Western students and admirers were all congregated in the one class. The clinics were about as plentiful and representative as ever, and the zeal and enthusiasm of the new converts were as pronounced as when the wave was at its height. There seemed to be a falling off in devotion of some of the former warm advocates, more than one of whom expressed the opinion privately that it is hard to accept all that is being taught and associated with orificialism these days. But when the text of orificial surgery was strictly kept in view it could not be seen that there was any less enthusiasm than in former years. Many of the class have been regular attendants from year to year for a number of years, while others have been seen once or twice before. Surely, here is evidence of loyalty and satisfaction with results, and 'tis the latter which makes men loyal.

It was observable that there is somewhat more of attention given to antisepsis than formerly, but there is a painful lack of precision in this relation, and the absence of evidence of a painstaking pathology and diagnostic carefulness was strikingly apparent. There should be reform and advance in these directions, if this annual course, now belonging to the profession as a public opportunity, is to be of the greatest possible value to those attending it. They come for instruction in these lines as well as to witness operations and listen to dissertations on theosophy and right-living. It is as legitimate for the journals to note these deficiencies and comment upon them in kindness and good faith as it is to discuss the management of any public institution, since this annual course has become and is being continued as an auxiliary to a college course and as a post-graduate course for the general practitioner, who has a right to look to his journals for their views and observations and to expect them upon this as upon any other topic. This course needs the addition of pathology and accuracy of diagnosis; without these it will never become what it should and may become; with them it would be almost invaluable to every member of the profession essaying to operative work.

The conservatism of the general surgeon toward orificial precepts and practices has long been noticeable. There is reason for it. He cannot comprehend the extravagance of the claims made for it, nor can he reconcile its practices, as exemplified by many of its warmest adherents, with the sciences of careful differential diagnosis, careful explanation of the pathology of the conditions under observation, and thorough observance of the strict rules of modern asepsis and antisepsis. It would almost seem that the real surgeon is challenged by the orificialist to abandon this three-legged stool upon which he sits in such confident safety. And if orificialism has a lukewarm friend or an open foe in the surgeon it it not altogether the latter's fault in every instance. No matter what may have been the outcome in individual cases, more than once attendants upon this fall's course were shocked by what they observed and heard. Perhaps all of the practices of the distinguished operator and teacher may be successful

in his hands; they would not be in the hands of other equally able men, nor would they be accepted in a court of justice or before a bar of surgeons of the closing years of the nineteenth century as altogether justifiable in every instance. Surely there is danger in teaching the members of this annual orificial class that they may go out in the field and do as Prof. Pratt sometimes does.

There is too much good in orificial surgery; too much that every man and woman who uses the knife and scissors should know and adopt; too much that is capable of restoring health and prolonging life to have it shadowed by apparent disregard for thoroughness in pathological differentiation, diagnostic precision and established surgical procedure. All these may be added with added benefits to orificial surgery; none of them can be neglected without manifest harm to its precepts and practices and without prejudicing its cause before the modern surgical world.

To those who have been lulled into the belief that orificial surgery is a weakling which has already spent its force it may be well to point to the splendid array of talent from Massachusetts to Washington and Oregon that has attended the annual courses this fall at Brooklyn and Chicago. What other man in the profession can bring such classes together and hold them for a week each year? What other man's clinics afford such an attraction and such a school for the practitioner who aspires also to be a surgeon? Who besides Prof. Pratt has for eleven years been able to congregate from one hundred to one hundred and fifty doctors annually to hear his individual teaching and see his individual work? And is it Prof. Pratt they come to see and hear? Or is it his work about which they have heard and wish to know? Verily, it is the latter. There are golden grains of truth stored away in this granary of orificial philosophy that none should try to do without. We do not have to accept all it teaches, nor do we have to follow all its practices. Nor, again, do we have to pay special attention to the theosophic and spiritual utterances of the week if we do not wish to. There is enough good surgery concentrated into that week to justify the cost. And if there were added a little more of pathological instruction and a little more of diagnostic acquirement and if there were taken away a good share of that for which the average attendant doesn't come—the spiritual part of the program, not announced in the catalogue, hence not paid for and not always desired—and if a little more attention were given to modern surgical truths and accepted practices as we go along, that week would be one of the greatest weeks the profession has opportunity to enjoy.

AN IDEAL MEDICAL MEETING.

There be medical meetings and medical meetings, but there be few that may be called ideal. We have the long-drawn-out yet highly entertaining and really valuable meetings of the American Institute, the hardly less valuable but usually too-lengthy meetings of various state societies, the shorter and practical meetings of various medical clubs and local societies, at which but two or three papers are read and the balance of the time is given up to medico-politics and local dissensions, but we do not have many such meetings as belong to the Western New York Homeopathic Medical Society. It was our good fortune to be able to attend the October session of this society at Lockport on the fifteenth of October. There were about seventy physicians present. Buffalo, Rochester, Niagara Falls, Owego, Canandaigua, Warsaw, Attica, Lockport, Syracuse and numerous other cities and towns of the western part of the empire state had representatives present. Twenty-one papers were down on the program, of which the remarkably large proportion of nineteen were read and discussed. The meeting was in session from one-thirty in the afternoon until seven o'clock; the attendants dined together, spent several hours in professional session, got through with the business of the meeting—and went home. There was no loss of time, no unnecessary loitering, no boisterous banquets, no dress-coat receptions; it was business from start to finish, strict attention to a good program, plenty of time for deliberation with not a minute to spare, a successful and enjoyable medical meeting without a word of politics or other distracting diversion.

The profession of Western New York have learned by experience that this style of meeting best suits their needs; that they secure larger and more uniformly satisfactory attendance by thus abbreviating the sessions; that if close attention is paid to business, as was the case at Lockport, a one-day session meets all the requirements of a quarterly medical meeting. The session over, a considerable number of those in attendance, especially those residing at Buffalo and in the vicinity, accompanied the president, Dr. W. H. Hodge, to his home in Niagara Falls, where an informal reception was held, attended by the wives of the Buffalo members, a most delightful evening resulting. This was the only social feature of the session. Everything else was business.

This type of meeting most highly recommends itself to our mind as suited to the necessities of the profession in these busy days. Few physicians, in proportion to the entire number, can well be absent from their fields of labor very long at a time; most of us tire of medical meetings which drag their slow lengths over several days—it is possible to have too much of even a good thing. A meeting which can command the attention and presence every three months of Drs. Lee, Wright, Wilcox, Hodge, Le Seure, Cook, Hurd, Bissell, Collins, Greenleaf, Warren, Gifford and other men of this busy class, is certainly a style of meeting to be considered favorably. We believe it will be found practicable with many of our society meetings, from the American Institute of Homeopathy down, to condense their work into

less protracted sessions, giving strict attention to the work in hand and getting through with it, without unseemly haste, in the briefest possible period of time, that the profession may return to their homes and resume their customary work, if they so desire, with the briefest possible absence therefrom.

A LESSON OF THE LUETGERT CASE.

Once more the medical profession has been made to appear in an unenviable light in connection with a great trial for murder. An essential factor in the Luetgert case was the establishing of the corpus delicti. Mrs. Luetgert has disappeared as completely as if swept from the face of the earth by a tornado. In the vat in which the state holds her remains were destroyed were found what is claimed are her finger rings and a grewsome substance presumed to be in part her liquefied remains. On gunny sacks, board doors and the floor of the factory in which her murder is supposed to have been committed was found a slimy something held to be portions of her tissues, and in this stuff were discerned small particles of earthen matter held to be remnants of her bony skeleton. From ash-heaps and surroundings grounds were dug fragments of bone which the state held to be her bones, and upon these substances and fragments of bone the prosecution attempted to build up the physical frame of the missing woman. In order to succeed in this undertaking expert testimony became necessary. And the defense was also compelled to rely in good measure upon counter-testimony of like character to prevent the establishing of the corpus delicti.

In this feature of the trial the testimony reflects small credit upon the profession generally. The state procured skilled osteologists from the Field Columbian Museum whose lives have been spent in articulating the skeletons of all kinds of animals. and with an accuracy which must have impressed the unbiased mind built up the woman's skeleton beyond peradventure. Osteology is an accurate science. From the bone or tooth or horn of a given animal the expert osteologist can accurately estimate the size, age and habits of the animal whose bone, tooth or horn only he is working from. Consequently, it seems to us, the state made out an excellent case against the accused, so far as establishing that the bones or pieces of bone, chiefly a part of the left femur, the left temporal and certain sesamoid bones, were those of a human being.

But just here medical experts, so-called, lent themselves, with the usual prejudice, to the cause of the defendants for pay—and made asses of themselves. A professor of anatomy in a certain medical college, well-known as a general practitioner of some repute, confused the femur of a hog with that of a musk-ox, buffalo sesamoids with the patella of a dog, the femur of a gorilla with that of a human being, and made other equally ludicrous blunders. Consciously or unconsciously the experts of the defense, general practitioners of medicine and surgery and not comparative osteologists, were so influenced by the fact that they were employed for the purpose of assisting in acquitting the defendant that they brought discredit upon themselves and their profession and added one more just cause to the long lists of complaints already formulated against us as not to be depended upon in great criminal procedures.

It is a matter of regret that this bias and prejudice exists, but we are responsible for it. Such blunders as were made by the defendant's so-called experts would never have occurred had all the experts been called by the judge trying the case without predilection for or against the accused. Furthermore, the more accurate and reliable evidence of the comparative osteologists employed by the state would have had far greater weight with the jury had it been the testimony of experts selected by the trial judge only. Even had there been confusion among the experts, a failure of agreement as to the nature of the tissues examined, the jury could yet have acted with more intelligence than when testimony equally positive on both sides and absolutely contradictory was submitted to their judgment.

This trial and the ridiculous light in which the medical experts placed themselves offer another notable evidence of the necessity for the establishing of a court of experts, selected without reference to their sympathies or prejudices in any given case, and without reference to financial obligations to either side, if expert testimony worthy the classification is to be depended upon in legal contests. The medical and legal professions would do well to get together and see if it be not possible to frame a code covering just such cases, whereby both state and defendant may be assured of reliable and unbiased testimony.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

The Prince of Wales is now Dr. "Bertie."

Dr. J. C. Halloway, Ligonier, Indiana, was married recently.

Dr. J. T. Bryan, formerly at Shelbyville, Kentucky, has located in Louisville.

Dr. R. Ludlam, of Chicago, has been teaching in Hahnemann for thirty-seven years.

Dr. E. J. Phelps has changed his residence from Chelsea, Michigan, to Markesan, Wisconsin.

Rev. Dr. Gunsaulus, of Chicago, is at the sanitarium at Alma, Michigan, a victim of overwork.

Dr. Walter Wesselhoeft, of Boston, has moved his office to 26 Garden street, Arsenal Square, Cambridge, Mass.

Dr. W. E. Cramer, of Kansas City, Missouri, has moved his office from the Altman Building to the Deardorff Building.

Dr. W. A. Boyd, who for some time has been a resident of Bloomington, Illinois, has removed to Rockford, that State.

The twenty-fifth annual meeting of the American Public Health Association was held in Philadelphia, October 26th to 29th.

Dr. Frederick Everett, Chicago, wishes it known that he, too, has resigned from the faculty of the National Medical College.

Dewey's Essentials of Materia Medica has recently been translated into Portuguese, and is now being translated into French.

Dr. A. E. Conrad, of Pleasant Plain, Iowa, passed through Chicago early in October en route home from a wedding journey.

The International Congress at Moscow had one woman delegate from Illinois, Dr. Florence Hunt, of the State Board of Health.

A hospital for the treatment of infectious diseases orrho-therapeutically is to be built in close proximity to the Pasteur Institute.

Dr. Herbert S. Hayford has returned to his home at Portsmouth, New Hampshire, after a summer spent in the White Mountains.

Dr. Asa F. Goodrich, of St. Paul, has been appointed an assistant surgeon in the medical corps of the Minnesota National Guard.

A recent addition of value to the faculty of the National Medical College is Dr. H. P. Skiles, who takes the chair of clinical gynecology.

Dr. F. S. Hilyer of Grand Rapids, Michigan, has changed his office from the Gilbert Block to corner of Washington and Madison avenues.

General Neal Dow, the apostle of prohibition, who died at his home in Portland, Maine, October 9th, had reached the advanced age of ninety-three.

Dr. W. A. Farnsworth, formerly at the Gilbert, Grand Rapids, Michigan, has moved to Saginaw, E. S., Michigan, with an office at 419 Johnson street.

Dr. T. H. Winslow, who has only recently returned to Chicago from Denmark, has moved to Arroyo Grand, San Luis Obispo County, California.

Dr. E. S. Breyfogle, of San Francisco, has returned to this country after an absence of two years in Europe, and has resumed practice in San Francisco.

The Newberry Library of Chicago has recently been the recipient of the splendid Du Bois-Reymond collection of books, Dr. Nicholas Senn being the donor.

Dr. R. H. Edmondson, of Gallup, New Mexico, visited Chicago and other Eastern cities last month, his first trip to the centers of civilization for a number of years.

Dr. C. H. Cogswell, of Cedar Rapids, Iowa, passed through Chicago last month en route with his bride to Baltimore and other Southern cities on the honeymoon.

Dr. Amos Givens, of the Givens' Sanitarium at Stamford, Connecticut, has appointed Dr. William E. Wentworth, of Rochester, New Hampshire, as his assistant.

Dr. F. M. Bennett, of Chicopee Falls, has sold his practice at that point to Dr. George B. Maxwell, and has located at Springfield, Massachusetts, at 120 Sumner avenue.

Prof. C. B. Kinyon entered upon his new work at Ann Arbor October 8th. He is succeeded at Rock Island by Dr. H. H. Chase, recently of Duluth, Minnesota.

Dr. H. R. Stout, of Jacksonville, Florida, visited Chicago last month, returning home via Nashville, to attend the meeting of the Southern Homeopathic Medical Association.

Dr. James A. Campbell, of St. Louis, has returned from his outing in Monterey, California. Dr. Campbell spent the greater part of the summer at various California resorts.

Dr. J. L. Mackey, formerly at Sandusky, Ohio, has moved to Houston, Texas, and has his office in the Telephone Building in that city. The Century's good wishes accompany Dr. Mackey to his new home.

Dr. I. Tisdale Talbot, Boston, has returned from his prolonged stay abroad much improved in health and generally rested from his long years of arduous labors. His return is warmly welcomed in Boston as, indeed, it will be all over the country.

The Cleveland amalgamated school has opened with one hundred and eighty-one students, of whom sixty-five are seniors. The management confidently expect these numbers to be swelled to two hundred and seventy-five respectively before the inflow ceases.

The college at Ann Arbor reports an enrollment of sixty students, with more in prospect, a new library fund, the hospital full, with a requisition for six new beds and three cribs as a starter for a children's ward. There's life in the old hulk yet, it would seem. Good!

Congratulations are extended by the Medical Century to Dr. Henry L. Stem, of Union City, Pa., who was married October 5th to Miss Adah B. Cheney. Dr. and Stem will be at home after November 15th at their residence on East High street, Union City, Pa.

The meetings of the Homeopathic Medical Society of Chicago are held on the third Thursday evening of each month, at the medical parlors of the Great Northern Hotel. They are not attended by the city profession as they deserve to be. At the last meeting several excellent papers were read—to a few physicians and a house full of students from the colleges. Many of the more prominent physicians of Chicago are rarely or never seen at these meetings; more's the pity.

NEW YORK NEWS-NOTES.

Dr. F. E. Downey, of Clinton, Illinois, is in the city.

Dr. G. H. Steger is now located at 73 East 66th street.

Dr. L. M. Stanton is now located at 132 West 58th street.

Dr. C. E. Beebe, formerly at 23 West 33d street, has moved to 62 West 37th.

Dr. J. C. Sharp has moved from his Lexington avenue location to 163 East 116th street.

Dr. George F. Hawley, of Corning, New York, died at his home in that city in September.

Dr. J. W. Allen has received the appointment as visiting physician to the St. Mark's Nursery.

Dr. C. C. Boyle has changed his place of residence from 66 West 48th street to 49 West 37th.

Dr. V. Thompson is now at 56 West 21st street. Dr. Thompson's former address was 32 West 19th.

Dr. A. Leonora White, whose former residence was at 156 West 48th street, has moved to 151 West 46th.

Harriette C. Keatinge, M. D., of 199 West Forty-eighth street, has removed to 119 West Forty-seventh street.

Dr. George R. Southwick, of Boston, Massachusetts, returned from his summer's tour and resumed work October 1st.

Dr. P. H. Mason, of Peekskill-on-Hudson, is expected home from a vacation trip in the west about the first of this month.

Drs. Colby and Taylor, of Malden, Massachusetts,

have moved to Boston, continuing their partnership at the Hotel Darwin, that city.

Dr. H. Allen, House Surgeon of the Brooklyn Homeopathic Hospital, has just recovered from a slight attack of typhoid fever.

Dr. E. D. Rudderow, of 233 West Eighty-third street, has been appointed attending surgeon to the West Side Clinic and Hospital.

Dr. J. E. L. Davis has moved into very commodious quarters at 743 Madison avenue. Dr. Davis' former address was 59 East 65th street.

Dr. W. H. Pierson, of Brooklyn, who was hurt the latter part of August in the wrecking of his carriage by the trolley car, is gradually recovering.

Dr. Herbert Noble, of Jamaica, New York, has been appointed assistant to the Chair of Chemistry in the New York Homeopathic Medical College.

Drs. T. F. and Paul Allen, who have removed from 10 East Thirty-sixth street to 3 East Forty-eighth street, have office hours same as heretofore.

Dr. Sidney F. Wilcox, of 51 West Fifty-second street, who has returned from his summer outing, was a recent caller at Medical Century headquarters.

Dr. E. S. Munson, class of '94, New York Homeopathic Medical College and Hospital, is now taking a course at the New York Ophthalmic Hospital.

Most of the New York removals among physicians show a tendency to migrate northward. Dr. C. M. Smith is an exception, having moved from 173 West 78th street to 246 West 52d.

The Homeopathic Materia Medica Society, Dr. Martin Deschere president, resumed its interesting and instructive sessions last month. They will be continued monthly during the winter.

Dr. C. W. Day, of Chicago, joined his family at Ocean Grove in September. After spending a few days there Dr. Day came on to New York and will remain here some six months doing post-graduate work.

Dr. Joseph Hasbrouck, of Dobbs Ferry, is recovering from a very serious accident sustained through the running away of his team. One of Dr. Hasbrouck's horses was killed and his coachman was badly hurt.

Dr. Eleanor F. Martin, of San Francisco, well and vivaciously known to the Medical Century's readers, is in the city attending the Post-Graduate here. Dr. Martin will reman during the winter, returning to San Francisco in the spring.

The New York College of Veterinary Surgeons has enrolled upon its lists its first woman student, a Miss Brayton, of Easton, New York, who expects to make a practical use of the education she will acquire at the veterinary institution.

The profession of New York and vicinity are cordially requested to send their news-notes and personal items to the local office, 503 Fifth avenue, corner Forty-second street. Notices of society and club meetings always acceptable.

The Dunham Club met on Saturday evening at the office of Dr. Crump, 693 Madison avenue. After the reading of two very interesting papers the usual supper was served by the host. Everyone present testified to a most enjoyable evening.

Dr. Emanuel Brauch, Professor of Bacteriology in the New York Homeopathic Medical College, has also been appointed Professor of Pathology in the same institution. Dr. Wm. H. Vandenburg is Lecturer on Pathology in the college.

Mr. F. R. Ernesty, of Boericke, Runyon & Ernesty, whose various and sundry injuries a la wheel were regretfully noted in these columns in the October issue, is able to be up and about again, much to the gratification of his many friends.

The Medical Century received a pleasant call recently from Dr. G. Francis Adams, assistant superintendent of the Westboro, Massachusetts Insane Hospital. Dr. Adams remained for a few days in New York City on professional and business interests, returning to Westboro early in October.

The management of the Five Points House of Industry in this city is from time to time approached by would-be buyers of the site of the buildings. The management insists that they still have the right place and will coninue to do business at the old stand until they are convinced that the center of poverty has moved elsewhere.

Dr. J. Richey Horner, late of the Middletown Homeopathic Hospital and now, and, we trust, always, of the Medical Century's staff, was in New York City early in October. Dr. Horner expected to make the round of some of the eastern sanitariums before going on to Cleveland to take up his duties in the neurological chair in the college there.

Under the ruling of the United States postal authorities, it being requisite that the main office of a journal shall be the one at which the journal is edited and printed, the announcement is made explicit that our Chicago office is the main office of publication of The Medical Century, the New York office being an important branch business office.

The editor of this journal spent ten days in New York last month in connection with the work of the journal in that city. The New York office is a success, the Century growing in favor among the profession and advertising patrons of the Atlantic seaboard with gratifying rapidity. Dr. Fisher was the guest of Dr. and Mrs. S. H. Vehslage, old-time friends.

The Medical Century is in receipt of the following announcement: Mr. and Mrs. Edward Bertie Codwise request the pleasure of your company at the marriage of their daughter, Harriette Frances, to Dr. Richard Henry Edmondson, on Wednesday evening, October the twenty-seventh, at six o'clock, at 14 Pearl street, Kingston, New York. Our congratulations are extended.

Dr. A. B. Norton is an omnivorous society man, Besides attending the American Institute meeting reguiarly he is a faithful participant in the New York State Society meetings, and recently attended, also, the meetings of the Pennsylvania society at Scranton and that of the Connecticut at Bridgeport. The enterprising and progressive man always finds time to go to the more important gatherings of his colleagues—that is, nearly always.

Dr. H. M. Dearborn, Professor of Dermatology, announces that he will see charity patients at the New York Homeopathic Medical College and Hospital, Sixty-third street and Avenue A, on Tuesdays at 2:30 p. m.; at the Women's Medical College, 213 West Fifty-fourth street, Wednesdays at 1 p. m. (October to April); and at the Metropolitan Post Graduate Medical School, 245 East Eighty-fourth street, Thursdays at 2 p. m. (October to July).

In a pleasant letter from our honored colleague, Dr. Cartier, of Paris, France, our attention is called to what is being said in la Revue Homeopathique Francaise concerning Hahnemann's grave. Dr. Cartier is making a very determined effort to keep the tomb as well as the memory of Hahnemann green and excerpts from la Revue Homeopathique Francaise will be made in these columns from time to time in order that our readers may know of the success of Dr. Cartier's efforts.

The Buffalo Homeopathic Hospital gave an exhibition in bandaging and invalid cookery Oct. 16th, the work being done by the young men of the graduating class of the training school for nurses. The Sewing Circle of the hospital met in the afternoon to sew for the institution. At 6 o'clock tea was served. Mrs. David Shirrell, Miss Burdett, Mrs. Charles J. North, Mrs. George Whelpton, Mrs. Albert E. Young, Mrs. C. J. Hamilton, Mrs. A. D. Gail, Mrs. Lee and Mrs. Williams were the hostesses.

The New York Hahnemann Association will hold its fourth annual meeting and banquet on Thursday evening, November 18th, at Delmonico's. At these meetings physicians and their wives and friends are gathered to do honor to the memory of Samuel Hahnemann. The interest manifested by the attendance is steadily increasing. The post-prandial portion of the banquet will be under the direction of John C. Coleman, Esq., who will introduce the Hon. Lemuel E. Quigg, John Proctor Clark and other speakers.

A peculiar bicycle accident recently occurred in the city; a woman was thrown from her wheel by collision with a wheelman at an acute angle. She got up without aid, professed herself unhurt except for a pain in her head, mounted her wheel and rode off. After going some fifty yards she suddenly dropped from her wheel in a limp mass. It was found that the second fall had inflicted a slight scalp wound but that her skull had been fatally factured in the first fall, notwithstanding which she had been able to go a distance of fifty yards before the effect of her disaster overtook her.

In Lyons, New York, an action to recover $10,000 damages for alleged malpractice has been begun in behalf of Gilbert T. Archer, an inmate of the County House against Dr. Louis W. Hartman, of Clyde. Archer formerly lived in Waterloo, and was thrown from a wagon in a runaway accident at the West Shore depot at Clyde on Dec. 19th last. Dr. Hartman reduced the fractures of the two bones between the left knee and ankle, after which Archer was taken to the Wayne County Poorhouse. He was examined by Dr. John W. Robinson and other physicians, and it was found necessary to amputate the foot. This the plaintiff alleges was due to unskillful treatment of the fractures. The most remarkable feature of malpractice suits against homeopaths is this universality of the poorhouse element and the county physician—who is all but invariably an allopathic element. Suits of this character are equally popular with the pauper who has much to gain in a $5,000 verdict and the allopath who has nothing to lose by the discomfiture of homeopaths. Prosecution and persecution are twin sisters.

The New York public schools are now all open. Accommodation is provided for 300,000 children. There are many new day schools in various parts of the city, and four new high schools. The three day high schools—one for girls, one for boys, and one mixed—are all in charge of men; the new evening high school for girls is in charge of a woman. In opening the new course of study, many fresh ideas have been introduced, and there is a great improvement in the general system of instruction. One of the most novel propositions is that suggested by the Patriotic League, which is said to have the approval of Mayor Strong, Col. Waring, and many other prominent city officials. It is that there shall be in each school a mimic municipal government, that a mayor and common council shall be elected at the beginning of each term by the children, and that these officials shall have the duty of keeping order in the school, enforcing rules of tidiness and public discipline. The scheme was tried in the vacation schools last summer, where it is reported to have produced excellent results. In the vacation schools, which are mixed, the girls and boys took equal part in all the proceedings. Mayor Strong was invited by the mayor of one of the vacation schools to visit this mimic municipality, and was greatly amused to find that many of the city officials were of the gentler sex, and that a large part of the police force consisted of girls.

The meeting of the Western New York Homeopathic Society, held in Lockport on October 15th, was a meeting of unusual interest and profit. It is not every sectional society that can count upon its rolls the number of prominent and successful men who make up the personnel of the Western New York Society. The membership is large and numbers within it most of the leading men of the section, among others, Dr. A. R. Wright of Buffalo, President of the American Institute of Homeopathy and Medical Regent of the University of the State of New York; Dr. T. C. White of Rochester, President of the staff of the Rochester Homeopathic Hospital; Dr. J. M. Lee of Rochester, Medical Regent and Vice President of the Rochester Homeopathic Hospital; Dr. J. T. Cook of Buffalo, President of the staff of the Buffalo Homeopathic Hospital; Dr. A. S. Couch of Fredonia, President of the Board of Homeopathic Medical Regents of the University of the State of New York, and member of the Governing Board of the new Collins Farm State Hospital for the Insane; Dr. J. T. Greenleaf of Owego, Superintendent of the Glenmary Home; Dr. F. Park Lewis of Buffalo, ex-President of the New York State Society; Dr. E. H. Wolcott of Rochester, Medical Regent; Dr. J. W. Le Seur, Health Officer of Batavia, N. Y.; Dr. W. H. Hodge, the well-known physician of Niagara Falls and Surgeon to the Power House; Dr. Dewitt G. Wilcox of Buffalo and the Lexington Heights Hospital; Dr. Young of Buffalo, Dr. J. W. Hodge, Dr. P. Wyckoff Neefus, Dr. Julia F. Hayward, Dr. N. M. Collins and Dr. Elmer J. Bissell of Rochester, and a score or more others of the best names in homeopathy's ranks.

KONNETIKUT KODAKINGS.

Dr. O. L. Massinger has opened an office on State street, Bridgeport.

Dr. E. P. Gregory has moved his office from State street to Lafayette street, Bridgeport.

Rapid progress is reported in the building of the extension to Grace Hospital (homeopathic), New Haven.

Dr. Henry P. Sage, of New Haven, sailed for Europe on October 12th, expecting to spend the winter there.

The Dunham Medical Club of Hartford has resumed its monthly meetings. In September the members met with Dr. Jones and in October with Dr. E. E. King.

Dr. E. W. Kellogg has returned from his trip to Europe. His son, Dr. Arthur Kellogg, who was to have returned with him, has concluded to spend the winter in Vienna.

The first examination for license to practice medicine in this state held under the new law was held recently at Dr. E. H. Linnell's office in Norwich. All the candidates passed.

A number of new homeopaths have come into the state of late. Five new members were added to the

State Society at its last meeting. There is still room for good homeopaths in Connecticut. Dr. Hills Cole of Hartford can tell of some likely places, one where the people are asking for a homeopath.

In the Bureau of Pediatry, Dr. Adelaide Lambert, of New Haven, discussed the subject of "Diarrhea of Children" and Wm. P. Baldwin, M. D., also of New Haven, read a paper on "Rickets." Dr. Emily Pardee claimed that women who purposely abstained from flesh foods during pregnancy were liable to bear rickety children.

In connection with the Bureau of Ophthalmology, A. B. Norton, M. D., of New York, read a paper on "The Use of the Ophthalmoscope," pleading for a more general use of this valuable means of diagnosis on the part of the general practitioner. Dr. Augustus Angell, of Hartford, read a paper entitled "Purulent Conjunctivitis and Its Treatment." In gonorrheal conjunctivitis he cleansed the eye with irrigations of warm water and bichloride solutions, and then brushed over its surface some cod liver oil. He had found the oil to be of great service in preserving the nutrition of the cornea and preventing ulcers. In the discusion Dr. Norton said he had not tried the oil treatment but used strong solutions of silver nitrate.

The semi-annual meeting of the Connecticut Homeopathic Medical Society was held at Bridgeport on Tuesday, October 12th, and proved a very good session. As part of the business Dr. C. E. Sanford, of Bridgeport, was elected to serve five years on the State Board of Medical Examiners, and Dr. H. P. Cole, of Hartford, read the report of the committee appointed to revise the constitution and by-laws. As chairman of the Bureau of Gynecology Dr. H. P. Cole read a good paper on "The Differential Diagnosis of Intra-Pelvic Conditions." In the discussion which followed Dr. E. S. Smith, of Bridgeport, recited a case showing the necessity of examining a patient in all positions. In the case of a woman one surgeon diagnosed pus in the cul-de-sac. Going to another surgeon she was told that there was no pus and that it was surprising how such a diagnosis could be made. Returning to the former surgeon she told him what number two had said. "Did the doctor examine you standing up?" was the reply. "No," she said. "Then go back and tell him to do so." She went back, and number two examined her standing up, and then concurred in the other's diagnosis, which was sustained later by an operation. C. B. Adams, M. D., told of a case in which he and a number of prominent physicians diagnosed fibroid tumor. Upon preparing the patient for operation by thorough evacuation of the bowels the tumor disappeared, having been nothing more than a fecal accumulation. Drs. E. B. Hooker and E. C. M. Hall related somewhat similar cases.

PENNSYLVAVIA, BALTIMORE AND WASHINGTON NOTES.

BY A. E. FRANKLAND, CHICAGO.

Dr. W. D. Hall, of Altoona, Pennsylvania, died in August after a very sudden attack of apoplexy.

Dr. S. W. Hickman, of Uniontown, Pennsylvania, died suddenly in September of heart trouble.

Dr. A. P. Bowie, of Uniontown, Pennsylvania, tells me that Brownsville is a good opening for a homeopath.

Dr. John S. Stearns, Washington, D. C., is now on his wedding trip. He will return home in November and take up practice with his father, Dr. S. S. Stearns.

Dr. Chas. H. Thomas, of Baltimore, is convalescing. The doctor was recently operated upon for a gangrenous leg. After a two months' illness he is now up and about again.

Dr. E. C. Blackburn, formerly at Huntington, Pennsylvania, is now located at Altoona, and Dr. O. K. McGarrah, formerly located at Huntington, has moved to Altoona.

Dr. Margaret Hislop, Washington, D. C., who has been confined to the Homeopathic Hospital, of Washington, for a month on account of a very severe attack of malarial fever, is now convalescing.

Dr. E. Z. Cole, of 1516 Mt. Royal, Baltimore, Maryland, has opened a branch sanitarium at 1409 South Light street, Baltimore, having found ample need for such an institution in the southern part of the city.

Dr. Thos. Shearer, of Baltimore, has fitted up a special room for his nose and throat work. Dr. Shearer has every device known to rhinologists—saws, gouges, nebulizers and static ozone generator—the best equipped office in Baltimore.

Dr. A. L. Baker, formerly of Hollidaysburg, Pennsylvania, succeeds Dr. William D. Hall at Altoona, Pennsylvania. Dr. J. W. Stitzel, formerly of Houtzdale, Pennsylvania, succeeds Dr. Baker at Hollidaysburg. Dr. Stitzel says that Houtzdale is a number one opening.

Dr. Garrett J. Welch, '97 Chicago Homeopathic College, has located at 4250 Butler street, Pittsburg, Pennsylvania. The location is a banner one. Why don't more of the Chicago graduates come into the great state of Pennsylvania? Plenty of good openings.

Dr. J. S. Barnard has removed from 2119 St. Paul street to 2112 North Charles street, Baltimore. Dr. Barnard now has a twenty-room sanitarium, ten rooms being nicely furnished for private cases of uterine, orificial and gynecological surgery. Your correspondent was shown through all parts of the sanitarium and found a very fine equipment.

Dr. DeHoff, Southern Homeopathic College, Baltimore, '97, of York, Pennsylvania, carried off highest honors before the Pennsylvania State Board of Examiners. Fifty-six homeopaths took examination at the same time. Dr. DeHoff's percentage was ninety-eight. The doctor has located at York, with his busy father, Dr. Jno. W. DeHoff.

Dr. F. A. Gardner's new office is now furnished. It is the most completely equipped office on record and worthy a visit from all colleagues when they are sojourning in Washington. After all Dr. Gardner's eagerness to open his new offices Oct. 1st, he had to temporarily abandon practice before that date on account of poor health. Dr. Hawxhurst is now in charge and will be until Dr. Gardner's return, which is expected in November.

Your correspondent, upon special invitation, attended the Washington Homeopathic Medical Society meeting, held at the Ebbitt House Tuesday evening, Oct. 5th. Of the total membership of fifty, thirty-five members were in attendance. The various papers were well received and thoroughly discussed. Dr. Richard Kingsman read a paper on "Acute Ovaritis;" Dr. L. B. Swormstedt, one on "Gynecological Surgical Treatment versus Gynecological Medical Treatment;" Dr. T. L. MacDonald, one on "A Brief Study of the Vaginal Incision and Vaginal Ovariectomy." As a body of progressive and hospitable men the Washington Society is "ne plus ultra."

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Practice of Medicine.

PULMONARY TUBERCULOSIS.

BY PROF. J. D. BUCK, M. D., CINCINNATI, OHIO.

Every physician is aware that the last decade has added more to our knowledge of this disease than all previous time. It is now fifteen years since Koch first published the results of his researches, and no careful investigations known to man have ever been pursued with more zeal and ingenuity than those regarding bacteriology. Experiments extensive and exact beyond all previous conception have been recorded and are everywhere accessible, and a new department has been added to the medical curriculum.

A Disease of Nutrition.

The term pulmonary phthisis has become obsolete, the wasting observed in this disease being regarded as a symptom, the result of a specific disease. While a great deal has been gained at this point, something has been lost. Consumption is essentially a disease of nutrition. Progressive and persistent emaciation is one of the surest signs of its presence and progress, and improved nutrition one of the most reliable signs of improvement. Outside of cases of direct contagion or inoculation there is a very large class of cases possessing a constitutional discrasia and general neurasthenia or malnutrition antedating all local symptoms, or the possible discovery of bacillus tuberculosis. The immunity of the organism is thus destroyed, and pneumonia or a slight cold is often sufficient in such cases to develop tuberculosis.

It follows, therefore, that with all of our knowledge of bacteriology in general, and of bacillus tuberculosis in particular, we have not yet arrived at exact and complete knowledge of the part played or of the influence to be assigned to these microorganisms. I have had cases in which expert microscopists declared the bacilli to be dead in all samples of sputa examined and yet the disease persisted steadily to a fatal termination, and have had others wherein the bacilli were alive, vigorous and numerous that as steadily progressed to recovery.

Importance of the Totality of the Symptoms.

I hold the safe and logical conclusion from all this to be that, as with all other diseases, the totality of symptoms and entire range of pathological conditions must be taken into account in every individual case in order to secure the best possible results. This is a proposition so elementary as to be recognized by every physician of any experience, and it is strongly emphasized by the failures and disappointments that have everywhere resulted since Koch's discovery in many attempts to cure the disease by measures directed solely or principally to the bacillus. Each case of disease presents a totality of conditions that must be studied by itself, and such study can be guided in a general way by the whole range of experience and experiment from which guiding lights are to be derived.

The presence of bacteria is believed to deprive the tissues of oxygen and nitrogen, which they appropriate to themselves, and to generate both secretions and excretions, cadaveric alkaloids, or ptomaines. The necrosed area of tissue appropriated by these organisms is doubtless a further source of contamination. Beyond this histological problem lies that of colloidal infection, and the warfare carried on in the lymphatic and blood-currents.

Deduction from Experience.

Having made tuberculosis a special subject of study for more than a quarter of a century I confess to no small degree of disappointment at the comparatively light increase in the percentage of permanent recoveries under the improved methods of study.

Consumption is still a very prevalent and often fatal disease. I have had many recoveries of cases in the earlier stages of the disease before Koch's researches were published and many since, and an occasional recovery in the more advanced stages. The following are deductions drawn from experience in the examination of cases:

1st: The disease is not directly hereditary.

2d: A tendency is often manifested, due to malnutrition, and insufficient vitality.

3d: This tendency can often be largely, and sometimes entirely, overcome in early life by judicious management.

4th: These conditions having been carefully inquired into, I regard the temperature of the patient of the first importance as a symptom. Even if there be clubbing of the finger nails, bleaching of the gums and loss of flesh, I regard hectic as still of decided importance, as all recoveries are marked by return of normal temperature, improved nutrition, and, generally, increase in weight. I regard cough and sputa as after considerations.

5th: Next comes the careful physical exploration of the lungs, and this is an art that can be acquired only by long practice; for it involves skill to detect all variations from the normal condition, and judgment to determine the value to be assigned to such conditions as exist.

6th: At this stage of the procedure examination of the sputa is in order, but neither the presence of bacilli nor the stage of the disease, as first, second, or third can alone or together determine the prognosis. Cases in the third stage may live for years, and those in the first stage die in a few weeks or months, owing to conditions named in preceding paragraphs.

General Indications for Treatment.

Climate, altitude and moisture or dryness of the

atmosphere are conditions too-well understood to deserve mention at this time. I have had most remarkable results from the patient crossing the Ohio river and doing light work in the open air not five miles from the former residence of Cincinnati. One patient far advanced with the disease was scarcely recognizable after three months of such treatment, wholly without medicine, and rapidly lost all he had gained on returning to the city; and, like other physicians, I have had scores of such cases returning from favorite climes like Tennessee or Colorado.

Next to change of climate, dietetics, exercise, and general hygiene, I regard inhalations as of most value. I have had very satisfactory results from the compound-oxygen. While it by no means equals the ozone of mountainous regions or the healing-power of pine-clad hills, it is often of great value where these are inaccessible. One of the best series of reports I have seen comes from the Italian hospitals, and the results seemed due to the long and thorough inhalation of the simple essence of peppermint. It must be borne in mind that the clinical value of cases reported depends entirely upon who makes them. A great many cases are absolutely worthless for lack of any real evidence of the presence of consumption proper, or of the ability of the one reporting them to determine the real conditions present. I have never read more careful and satisfactory reports than these from the Italian hospitals. While I have used with benefit the peppermint inhalations I have so far found the best results from Dr. Franz Hartmann's lignosulfit. Dr. Hartmann is a German physician living at Hallein, Austria, and his remedy is a modified product from the refuse acid in the manufacture of wood-pulp. I have never obtained so rapid reduction of temperature, gain in flesh and disappearance of cough from any other remedy. On the continent of Europe it is used largely in "inhalatoriums," designed for the purpose, the air being charged with the lignosulfit vapor, and the reports of success are really remarkable.

Theoretically, I regard the principle of vapor inhalation as immeasurably superior to that of hypodermics, and the prospect of thus neutralizing the cadaveric alkaloids, ptomaines, etc., etc., I think is worthy of great confidence and very thorough tests.

There is not, in my judgment, the slightest reason to believe that a universal panacea for genuine tubercular consumption will ever be discovered, but I see no reason why the percentage of cures may not be immensely increased and one more reproach be removed from the most tireless and beneficent profession known to man.

Measures for the prevention of this dread scourge of the whole human race, I think, promise far greater results. Direct contagion can finally be prevented. Predisposition in childhood can be largely modified and in many cases entirely overcome. When we are wise enough to consider parentage and the whole question of heritage as of equal importance with the breeding of horses and cattle we shall have advanced a long way in preventing the tendency to this dread scourge, consumption, and with it will disappear many other fleshly evils, mental alienations, and moral obliquities. We might in the coming century indulge for a moment in Bellamy's dream, and imagine what would happen if hereditary syphilis went by the board and became only a tradition of the dark ages, and we might be amazed to find that with hereditary syphilis having disappeared for three or four generations there should remain no tendency whatever to bacillus tuberculosis.

The Value of Mental Therapeutics.

But I am admonished that only young men should dream dreams, and that sober and matter-of-fact physicians want facts and not theories, and are more interested in present realities than in future possibilities. If facts are often stranger than fiction, so also, like Peter Ibbetson, one may sometimes dream true after all. The latest theory is by no means the last word on this important subject. Our bacteriology and pathology are far in advance of our therapeutics. The cause and the cure are still widely different questions, and in my opinion will remain separate till a genuine psychology takes rank as a science. There are intangible and invisible causes that antedate all visible changes and microscopic revelations, and determine predisposition to and immunity from disease. There are toxines and ptomaines of the mind, no less than of the body, and the next great step in the advance in medical science lies in this direction. Micro-organisms in almost endless variety continually infest the human body, and both health and disease seem to depend largely on the predominance of a certain genera or species. The antecedent conditions that determine this predominance are often, if not generally, overlooked, because in nearly every case they are unknown. A small percentage of an invisible entity, like ozone, or a mere difference in magnetic conditions antedating the appearance of a given bacillus, can, I think, be assigned to the realm of real causation and determine infection or immunity. The microscope need not be laid aside in order to study these conditions, but so long as these are unknown, denied or derided, medical science will fail in its triumph over disease and metaphysical charlatanry run riot in society, in spite of all ridicule or denunciation.

PERFORATING GASTRIC ULCER.

BY FILIP A. FORSBECK, M. D., MILWAUKEE, WIS.

Clinical History.

In presenting this pathological specimen I wish to call attention to a few facts which will undoubtedly prove interesting and illustrate more in detail the object at hand.

PERFORATING GASTRIC ULCER.
(Slightly enlarged.)

The patient from whom I procured the specimen shown in the above cut was a woman aged thirty-six, who had for about three years complained of occasional trouble with her stomach. She had had pain at times and a distressed feeling after meals, but the remedies given her by different physicians seemed to have the desired effect; and as after these attacks

were passed over she would feel perfectly well, no organic disease was thought of as being the underlying cause.

On the 11th of September she took a ride on her bicycle and was thrown off, landing rather abruptly on the street. She got up without having received any bruises or apparent injury and proceeded to her home. Shortly after, on the afternoon of the same day, pain began to set in and a physician having been called he prescribed for the nervous shock. The following morning the pain had extended over the abdomen and general peritonitis was evident.

Dr. Carlson was called in consultation, with whom I saw the patient, and a diagnosis of intestinal rupture was agreed upon. About noon the patient began to sink very rapidly, without responding in the least degree to medicines or hypodermic injections of suitable stimulants, and died at one o'clock on the 12th of September, twenty-four hours after her fall.

Post Mortem Revelations.

The family consented to a post mortem examination, and upon opening the abdominal cavity the presence of stomach or intestinal contents verified the diagnosis of rupture somewhere in the alimentary tract. The intestines were removed with the stomach and all were carefully examined.

The examination was about to be given up as fruitless when a perforation was discovered on the posterior side of the stomach, close up to the cardiac orifice. This perforation bore evidence of having existed for a long period, as the cicatricial tissue formed in nature's attempt at healing the probably originally existing ulcer, showed a perfect cicatrix internally and externally, without any raw or bleeding surface whatever. The whole surface was smooth and glossy, which proved beyond a doubt the impossibility of recent rupture. The fistulous opening, which in the photograph is seen against the black background, (a), was about the size of a small lead-pencil, rounded in circumference, although the surfaces were apparently approximated.

Remarks

The question now arises, how long had this perforation existed and if it had, as we suppose, existed as an unobstructed fistula, what had prevented it from being the means of this disastrous end at an earlier date?

The knowledge we possess of the histological changes in granulating mucous and serous surfaces, and the nature and consistency which these tissues present when healed, must necessarily satisfy us in confirming the opinion that this perforating ulcer had existed for quite a while.

Being, as it was, located on the posterior and upper part of the stomach, the food may have slipped over it, and as this region of the stomach takes perhaps but a limited part in the digestive operations the opening was allowed to exist without becoming the means for the escape of the gastric contents. The fall from the bicycle and the sudden landing on the hard street may explain the possibility of the ingesta in the abdominal cavity, the diffused peritonitis and symptoms of collapse.

The specimen presents several points of interest and therefore I have taken the liberty to refer it for publication.

LAST WINTER'S LESSONS ON PNEUMONIA.

BY S. G. A. BROWN, M. D., SHIPPENSBURG, PA.

The season for pneumonia and kindred affections having arrived, and having successfully treated above fifty cases in all their varying phases during last winter without the loss of a single case, the writer has thought we might mutually be benefited by taking an account of stock and investigating and perusing the lessons therein made manifest. Homeopathy has gained such laurels that, in this disease, at least, it is not necessary that we should imitate the "scientific" treatment of our old-school brethren with the hope of attaining better results. One of their latest treatments is the administration of pilocarpin in doses from 8 to 10 cg., and Sziklai regards this as a true specific. During the febrile stage antipyrin is their sheet-anchor. These, with fluid extract of digitalis, and digitoxin 1-20 gr., comprise about all there is in their treatment.

Veratrum Viride, Ferrum Phos. and Bryonia.

The treatment that I pursued last winter, and which I advocate, may be considered by some as not homeopathic; nevertheless I believe it is, and it brought results and that quickly. I began nearly all my cases with Veratrum viride, drop doses of the 1st decimal dilution, especially where I found the lung rapidly engorging, accompanied with great arterial excitement, burning in cardiac region, hard, quick pulse, and blood in the sputum. If in the beginning I found a feeble individual with symptoms of lack of reaction, and if the temperature rose slowly, pulse full, quick, but weak, and slight chill, I alternated Ferrum Phos. 12x., with the above. If, however, there were pleuritic complications, high fever, great thirst, unable to draw a full breath because of a stitch in the side, desire to be quiet, constipation, dry mouth, aching in limbs and head, I substituted Bryonia 3x for the Ferrum phos. with happy results.

Iodine, Sanguinaria, Phosphorus and Ferrum Arsenicum.

Several cases that would undoubtedly have terminated in severe forms because of their rapid onset, were completely aborted in forty-eight hours with drop doses of the tincture of Iodine, repeated every one or two hours. The indications that lead to its administration are severe chill (and don't forget this); cough, short and dry; rapid rise of temperature; voice becomes hoarse; great tightness of chest; early expectoration of blood; tearing, stabbing pains in sides. As the cases progress if they complain of great dryness in the throat, have red cheek on the affected side, cough with tough, rust-colored sputum, stitches and burning pain in chest, cannot lie with head low, both sputum and breath smell bad, worse in afternoon, with hectic condition, Sanguinaria 1x is my sheet-anchor. Indeed, this remedy, with Phosphorus, is the principal one for this disease in its later stages. Now Phosphorus should be given where the pain may not be so severe, but there are great weight and oppression of the chest, with difficult bloody, mucus, or purulent expectoration. There may be collateral edema. Cough is tight, worse from talking, from a draught of air and in the early evening. Expectoration is difficult to dislodge; there are severe dyspnea and hoarseness; great debility and emaciation.

If the drug is insufficient to relieve these symptoms; if the expectoration should become more purulent, and with this if there should be kidney complications, as heavy dragging in renal region, suppression of urine, albuminuria, urine scanty, dark, and thick, brownish-red; anasarca, weak rapid pulse, give Ferrum arsenicum 2x trituration, and you will cure your patient.

Arsenicum jodatum, Antimonium arsenicum, Stannum jodatum.

At other times the case shows a decided phthisical

tendency; clammy perspiration alternating with chilliness, thirsty nearly all the time, yet does not drink much; great dyspnea; cannot lie with head low; expectoration is profuse but ichorous and very fetid; hoarseness, emaciation, slow suppuration with marked febrile symptoms, in which case I have seen Arsenicum jodatum 3x do wonders.

Where there is much rattling in the tubes, with great dyspnea, restlessness, anxiety; feeble rapid pulse; threatened paralysis even, frothy mucus sputum difficult to dislodge; especially in the old or real young, much benefit may be derived from Antimonium arsenicum 2x trit. When the expectoration becomes purulent, though still free and abundant; cough loose and rattling, or, perhaps, as I have seen on several occasions, the expectoration becomes difficult with moist rales over affected area, great weakness, fever not very high, with hectic condition, Stannum jodatum, 3x trituration, has served me well.

Antimonium jodatum and Rhus tox.

Antimonium jodatum 3x trit. is an excellent remedy when there is much cough, profuse mucu-purulent and at times bloody expectoration. These are usually accompanied by chill, fever and sweat. The bronchitis is the main feature. Where the case assumes a typhoid condition, with restlessness, tight cough, diarrhea, putrid pinkish sputum, tip of tongue red, Rhus tox. 6x comes to our aid.

Sulphur and Sulphur jodatum.

If there is a lack of resolution, or if this process goes on too slowly, a sort of torpid typhoid pneumonia; short rapid breathing; coughs with difficulty, expectoration almost impossible, give Sulphur 30th and where this does not help, Sulphur jodatum 3x will.

Antimonium tartaricum in Children.

In children Antimonium tart. 6x is the great remedy. There is usually much oppression; rattling cough; cannot get the mucus up, but must swallow it; anxiety, restlessness; great dyspnea; and as the disease advances we have impending paralysis; in one case I had a collateral edema. The countenance is pallid and there is usually free perspiration.

Opium.

Opium 30x is also useful in infantile attacks, especially if there be symptoms of cerebral complications. There is a stupifying sleep with snoring breathing, the mouth being open. The expectoration is frothy mixed with blood; cyanotic condition of skin, hot perspiration on head and chest.

Belladonna and Hyoscyamus.

In elderly persons with cerebral congestion, I have found Belladonna useful if there was great nervousness, constant delirium, congested eyes and flushed face, while Hyoscyamus 2x helped if the delirium was accompanied by sopor, nightly aggravation of the cough, especially in old people.

Strychnia in Threatened Heart Failure.

In threatened heart failure, unless other remedies were clearly indicated, I invariably gave one tablet Strychnia sulphate 1-100 gr., repeating in three or four hours, as deemed necessary. Alternation of remedies was only resorted to in the beginning when Veratrum viride was always given with some other drug.

Diet and Hygiene.

The diet was always considered an important factor. Where milk was well borne it was given freely. Also milk-whey, kumyss, egg-albumen, broths, and meat juice were allowed. Starchy and saccharine foods were strictly prohibited during the height of the disease. After the temperature had become normal scraped meat, soft-boiled egg, or milk toast was recommended. Stimulants were not given at any time during the siege. By keeping the patients on a light diet the stomach was not over-distended, the heart was not over-taxed, and dyspnea and cough were not aggravated.

I always endeavored to have an even temperature in the room varying from 68 to 70 degrees F. The patients were kept in a recumbent position and as quiet as circumstances would permit. The bowels when constipated were relieved by enemas. Poultices were never employed, but the chest on several occasions was enveloped in cotton, and in one severe case complicated with pleurisy adhesive strips were applied.

The ages of these cases ranged from two years up to ninety-one. Pneumonia, however mild, should never be treated negligently, but should always be watched with the greatest concern.

Materia Medica.

This department is in charge of Prof. Willis A. Dewey, M. D., Professor of Materia Medica and Clinical Professor of Nervous Diseases in the Homeopathic College of the University of Michigan, at Ann Arbor. All contributions for it should be sent direct to Professor Dewey.—Editor Medical Century.

A READING BETWEEN THE LINES.

BY S. A. JONES, M. D., ANN ARBOR, MICHIGAN.

In the third edition of his Materia Medica Pura Hahnemann quotes ninety-three old-school authorities concerning the action of Opium. One of the works cited, and the last in the alphabetical list of authors, has fallen into my possession in the course of our book-buying. It is "A Treatise on Opium, Founded Upon Practical Observations. By George Young, M. D., Physician at Edinburgh, 1753." Having collated this volume with the Hahnemannian text, as given in Dudgeon's translation of the Materia Medica Pura, it has been thought worth while to share with the profession the results of this quiet study. From it we shall get a glimpse of Hahnemann working in the mine; we shall see what material he selected, and in doing this we can estimate his sagacity, his judgment, his critical ability.

In Hahnemann's Materia Medica we find these gatherings of his with a given value stamped upon them, and we are expected to accept them at this arbitrary valuation. We find symptoms that are separated from their context presented as if they were integral wholes; but when we ourselves read the context the right of private judgment enters, and in the lawful exercise thereof we may be obliged to accept a very different valuation. We all repose so much trust in Hahnemann that I think we should each make at least one such study in order to assure ourselves how far he is absolutely to be accepted.*

From Young's treatise Hahnemann extracts twenty-seven symptoms, and though a reading of mere symptoms is dry, it is necessary for our purpose that I should give them. If it is remembered that it is as dry for me as for the reader perhaps his patience will be adequate.

*This paper was prepared in March, 1884. It is not often that a man cares to return upon himself after an interval of thirteen years, but that exercise is sometimes good for "proud flesh;" and if penance is needful, the most wholesome form of it is that done in the public square, for there the avenging and ancient egg is most apt to find its mark.

I give the numbering of the symptoms, as they are found in the Materia Medica Pura, for convenience of reference.

2; Vertigo. 7; Vertigo and confusion of the head. 92; Bloated face. 93; Bloated face, dry, hot skin, white tongue, hoarseness, very oppressed breathing, hemoptysis. 129; Ringing in the ears. 144; White tongue. (Taken from S. 93.) 151; Inspissates the saliva, the nasal mucus, the mucus of the windpipe, and makes the tongue dry. 213; Constrictive pain in the stomach, which is intolerable and causes deathly anxiety. 267; Dark urine and dry tongue. 305; Hoarseness. (Taken from S. 93.) 307; Extreme hoarseness. 316; Hemoptysis. (Taken from S. 93.) 332; Constriction of the chest, as if it were stiff; difficult respiration. (Taken from S. 93.) Spasmodic tightness of the chest. 372; Almost no feeling in the legs. 489; After long opium sleep, weariness. 490; On awakening, faint-heartedness. 401; On awakening, inclination to vomit. 513, Restless sleep, full of sighs and moanings. 525; Sleep interrupted by starting. 527; The sleep-producing power of Opium is much diminished by great pain or serious distress. 564; Quick pulse, with headache. 571; Increased heat. 578; Sometimes slight perspiration. (Part of the group from which is derived S. 93.) 624; Opium inspires courage and resolution in one who is afraid of a surgical operation. 633; Fearfulness and fright. 655; Precordial anxiety and restlessness.

Most of these symptoms are obtained from Young's personal experience with Opium and, be it observed, he never took the drug when in health. On p. 12 of his Treatise he gives his views as to the best means of discovering the "vires medicamentorum," and as this is from their use in disease, we can but wonder that Hahnemann should cite from such a source. Young says, "the only way of knowing what a medicine will do, in a jaundice for instance, is by giving it in that disease; and even this method will be attended with many and insuperable difficulties; yet it is still not only the best but almost the only means of discovering the vires medicamentorum." * * * "I shall therefore pursue this method in my present enquiry."

Now let us consider the source of symptom 213: "Constrictive pain in the stomach, which is intolerable and causes deathly anxiety." It may be remarked, as a suggestive "aside," that Dr. Richard Hughes claims for some of his materia-medica work that where Hahnemann has cited an English author, he, Richard Hughes, has given the original English phraseology, instead of a re-translation of Hahnemann's rendering from the original. Well, in Young's book we find the "original" to be, "a most violent contraction in his stomach, so that he thought himself to be at the point of death." Hahnemann's translation is seen to be a bold paraphrase, with an interpolated "intolerable;" and neither in Dudgeon's edition of the Materia Medica Pura nor in Allen's Encylopedia has Hughes given the "original." Indeed, in the Encyclopedia this symptom is given as: "Contractive pain in the stomach, which was intolerable, and changed to deathly anxiety." So much for "originals!"

But let us give the real "original" with its context: "Mr. F. had a cough, for which he was advised "to take Matthew's pills; but being of a plethoric "habit, and taking after them a plentiful supper and "his usual load of liquor, in about two hours he com-"plained of a most violent contraction of his stom-"ach, so that he thought himself at the point of death. "I blooded him immediately till he fainted; after "which he vomited and was presently well. This I "took for a spasm of the stomach, brought on by the "Opium and the load of meat and drink with which "his stomach was overcharged." Young's "Treatise," pp. 80-1. How is that as one of the sources of a "pure" Materia Medica?

It is worth while to follow this symptom 213 through a few of its migrations and mutations just to learn on what thrashed straw both physicians and students are fed, now and then; to know on what material your mere symptom-coverer is content to rely in all the bliss of his ignorance. Well, then, S. 213 appears in Hull's Jahr as: "Constrictive pain in the stomach, intolerable, and causing a deadly anguish." In Jahr and Possart's Manual it cuts a figure as: "Constrictive pressure in the stomach, with great anguish."

Hahnemann changes "thought himself at the point of death" into "deadly anxiety." Patient and plodding Jahr intensifies "anxiety" into "anguish," and Possart tones "deadly" down to "great anguish." What would become of our whole Materia Medica if it could be subjected to such an "ultimate analysis?"

Symptoms 491, 513, 564 have fully as depraved an origin. These symptoms are, in the order above given, "After awaking, instinctive inclination to vomit. Restless sleep, full of sighs and moanings. Quick pulse, with headache."

Dr. Young himself is the dramatis persona in this comedy, and we must have the scene in his own words. Here they are: "I once indulged my palate "at a collation to a degree that it brought on a "cholera morbus. The wine turned sour on my "stomach, and in a few hours the purging and vomit-"ing was (sic) excessive. I thought myself in very "great danger, and immediately took thirty drops "of laudanum, which stopped my vomiting for some "time, but made me so heartily sick that I wished "heartily for its return. A draught of warm water "produced the effect I desired; the vomiting and "purging both returned, and continued with such "violence that I thought myself again at death's "door. I now judged that the present evil was the "greatest, and therefore repeated the same dose of "laudanum, thinking the first had been mostly "thrown up again. This abated the evacuations and "gave me some disturbed rest, in which I dreamed "much."

Here we have the origin of symptom 513: "Restless sleep, full of sighs and moanings." The "disturbed rest, in which I moaned much" becomes, "Restless sleep, full of moaning and groaning," in Jahr the plenitude of "sighs" and the "groaning" are pure figmentary products.

But let us resume Dr. Young's narrative.

"In about two hours I waked extremely sick, and "vomited (S. 491), whereby I was greatly relieved, "and thought myself almost well; but the sickness "still returning I took a vomit of Ipecachuana. I "had a pain in my head and a quick pulse, and there-"fore thought it better to evacuate the cause now "whilst I was able to bear the operation of an emetic. "After this I fell asleep, and was much better."

"I waked extremely sick, and vomited," appears in the Hahnemannian text as: "After awaking, inclination to vomit." Jahr and others have given this spurious offspring of a "spree" after the manner of the usual book-makers' transmogrifications.

Symptom 625. "Opium inspires courage and resolution in one who is afraid of a surgical operation," is deduced from the following: "A certain surgeon "always took some Opium, and gave of it likewise "to his patient, when he had any considerable opera-

"tion to perform; but I must own," adds Young, "that a glass of generous wine had always a better "effect on me when I wanted to excite courage." I suppose few of us would care to question Dr. Young's taste.

Symptom 527 shows how completely Hahnemann could look in only one direction when he so desired. In his text this symptom is: "The sleep-producing power of Opium is much diminished by great pain or serious distress." For the origin of this deduction I must again refer to and quote Dr. Young. He says: "I have had occasion to feel many of the "effects of Opium upon myself for I have all my life-"time been very subject to a cough upon catching "cold, which has frequently seized me when I was "otherwise in perfect health. My common cure was "Opium, which usually had the following effects: "In the first place, it commonly made me sleep, "which is its most constant effect, except in some "particular constitutions or when sleep is impeded "by other causes, which was sometimes my own "case; for one night a violent toothache, another a "dismal piece of news, and a third night a short fever "overbalanced the soporific quality of the Opium "and hindered me from sleeping."

From this statement Hahnemann derives S. 527. But let me read what immediately follows: "These "causes were evident, and such as every one would "expect might prevent the Opium from taking effect; "but it is also certain that there are many imperceptible causes which hinder us from sleeping with such "a dose as has been found abundantly soporific be-"fore; so that Opium will not always make us sleep, "even when there is no apparent cause to disturb us."

Why should Hahnemann accept the first deduction and wholly ignore the second conclusion? One is certainly as valid as the other, and his action in this matter leaves him in a favorable attitude for the adverse critic.

Symptoms 92, 144 and 578 are ascribed by Young to a thirty-drop dose of Opium taken for his cough. He says: "The next morning I found the drowsi-"ness to continue longer, my face being a little "swelled, my skin hotter and somewhat drier, though "at times a gentle sweat came on; my tongue was "whitish, and my chest bound till the effects of the "laudanum passed off."

Now we know where Hahnemann got the "swelled face, white tongue, sometimes, dry, hot skin, sometimes slight perspiration" of his "pure" text.

But in Section II. of this book Dr. Young has considered the physiological effects of sleep, and he there says: "Upon sleeping after dinner I grow hot "and high colored, and my face appears swelled. If "I am soon awaked, I feel a confusion attended with "a sensation of a feverish kind; but if I have not been "disturbed too soon, I awake easy, without confu-"sion, and in a bathing sweat, as if my dinner and "sleep had brought on a short fever, ending in this "moderate critical discharge. If I am roused out "of my first sleep after a full supper, I feel my skin "hot and dry and my head confused."

Surely this habit of body in a "prover" makes Hahnemann's ascription of symptoms 92 and 578 to Opium more than questionable. He credits a drug with symptoms that Dr. Young had observed in himself without taking Opium, and also at times before he had at all taken Opium. Are not symptoms common to the "prover" to be eliminated from his proving?

Symptom 93 in the Hahnemannian text reads as if it were a group; "Bloated face, hot, dry skin, white tongue, hoarseness, very oppressed breathing, hemoptysis." The actual fact is, these symptoms were observed at different times and after doses of Opium greatly different in quantity and therefore in drug momentum. If Dr. Young's experiences with Opium can be called "provings," then this quasi group is made up from three different provings, each of course made on a separate occasion.

Besides fusing these dissociated symptoms into one group, Hahnemann also reproduces each symptom of the quasi group separately; we thus obtain symptoms 92, 578, 144, 305, 316 and 332.

Symptoms 305, 316 and 332 were obtained as follows: "I tried laudanum afterwards upon myself," says Young, "when I was plethoric; and as the or-"dinary dose of 20 was too small, I took 30, which "made me hoarse; and though my cough was indeed "kept quiet and became less frequent the next day "by this means, yet I felt my breast so bound and "stiff thereby that I was afraid to cough, and "breathed with difficulty till after I had spit some "blood." Now, on p. 20 of his treatise Young writes: "I once had a spitting of blood that seized me "every night in my sleep, with an heat over the "whole body. This obliged me at last to sit in a "chair to keep myself cool." With such an innate tendency, and having an habitual cold and cough to ascribe symptoms 92, 144 and 578 to the laudanum!

Young's next experience furnishes Hahnemann's symptom-esurience with some eight preciously suspicionable "symptoms." "Being seized with an in-"cessant dry cough, like that of the measles, which "kind of cough then raged at Edinburgh, I took 40 "drops of laudanum on the first and second night, "which stopped the cough in an hour, but brought "on great hoarseness, with a noise in my ears and a "giddiness and confusion of my head. I fell asleep "but soon waked again with violent startings and "confusion, attended with a sense of faintness, or "failing about the heart, that seized me as I was fall-"ing asleep. To expel the Opium I immediately "took a vomit of white vitriol (Zinci sulph.), and when "that was over I slept well the rest of the night, and "was well the next morning; but on the evening fol-"lowing I began to feel the effects of the large dose "of laudanum by losing almost all the sense of feeling "in my legs; and though I continued perfectly free "from the cough, yet I was soon after seized with a "spasmodic asthma, accompanied with many other "nervous symptoms."

Of this precious batch of pathogenetic bastards I will dwell, for a moment only, upon two of them in that they reveal a phase of Hahnemann's character for which I was wholly unprepared. The first of these illegitimates figures in the Materia Medica Pura thus: "Ringing in the ears." Young's record distinctly is, "A noise in the ears." The Cipher Repertory of the British Homeopathic Society mentions twenty-six separate noises in the ears, and this symptom 129 finds a place there under the heading, "Ringing." How did Hahnemann know that the "noise" heard by Dr. Y. was a "ringing?" And when Dr. Richard Hughes "revised" the text so critically, why did he leave that lying "ringing" on the pages of Allen's Encyclopedia and also in Dudgeon's translation of the Materia Medica Pura?

Symptom 334 in Hahnemann's text is: "Spasmodic tightness of the chest." In Young's account it is plainly, "Spasmodic asthma." Spasmodic asthma is more than "tightness of the chest." Why does Hahnemann arbitrarily change the prover's phraseology?

Symptom 655, ascribed to Young, is not to be found in his "Treatise." But the twenty-seven symptoms

already given are in our "pure" Materia Medica; they have found their way into our repertories; they are a part of our apparatus for "finding the remedy," as we delight to phrase it. True enough, they help us to "cover" our cases, and when we put our trust in such, they enable the grave-digger to "cover" the consequences.

In my later days I am becoming intimately acquainted with an old fellow whom reading, observation and experience have made somewhat sarcastic. He spends his evenings with me; in fact, we examined Dr. Young's "Treatise" together. On concluding our examination, the old fellow filled his pipe, smoked awhile and then said:

"Only a hero can safely worship a hero. The little mind reposes on the greater and thereby dwarfs itself. It is difficult to grow in the shade. One needs all the sun, the wind and the rain can bring. To none comes more than is needed.

"On the whole, the hero-worship of Hahnemann has been pernicious. It has fostered a brood of littleness; his weaknesses and his foibles have been assimilated, and, adding his to their own, his disciples have gone beyond him therein; his greater qualities were not contagious; they have been left largely undisturbed. Failing to comprehend their actual dimensions, they have been unduly magnified—and all this to the damage of the devotee."

Surgery.

INTESTINAL COMPLICATIONS FOLLOWING ABDOMINAL INCISION.

BY GEORGE F. SHEARS, M. D., PROF. SURGERY, HAHNEMANN MEDICAL COLLEGE, CHICAGO.

Case I.—History.

Mrs. D., aged thirty-four years, had had an ovarian tumor removed some four months previous. The wound healed without incident and the patient was out of bed in four weeks. Ever since the operation she has had an uncomfortable feeling in the right side, which latterly has become very distressing. The bowels are obstinately constipated, the tongue coated and the abdomen distended. Unless great care is exercised in eating patient suffers much from colic. She declares the pain is due to the obstruction of gas in the right side, and that everything seems to stop at that point. There has been no fecal vomiting, but during the attacks of pain vomiting often occurs. There is no fever and no tenderness over McBurney's point, although this seems to be about the seat of the obstruction.

The location of the pain, the constipation, the vomiting and character of pain all pointed toward a low grade of inflammation of the appendix, but the lack of sensitiveness and the history of the case led me to believe that the trouble was due to some complication following the removal of the ovarian tumor.

Accordingly I opened the abdomen in the median line and carefully examined the stump of the right broad ligament at a point which probably represented the place of amputation. A portion of small intestine was found adherent, although in no way constricted. I dissected this away, leaving a flap of broad ligament peritoneum adherent to the intestine. The raw surfaces of this flap were then turned in and sutured with fine silk. The calibre of the intestine was thus in no way interfered with, or its wall weakened, while its entire surface was covered with peritoneum. The raw surface of the broad ligament was easily covered by bringing together and uniting the elliptical incision made by the dissecting away of the intestine. The abdominal wound was then closed without drainage. The wound healed kindly and the patient was at once relieved from the distressing symptoms from which she had suffered unceasingly from the time of the previous operation.

Case II.—History.

Mr. G., aged forty-three, was one year ago operated upon for appendicitis. While he had had no more attacks of appendicital colic he had ever since had a feeling of distress at the seat of operation and a severe pain when coughing, taking a deep breath or bending backward. Recently the cicatrix had become prominent and the uncomfortable feeling had increased. He had tried wearing a truss but the parts were so sensitive that he could not bear the pressure. Examination revealed a small hernial protrusion.

An elliptical incision was made about the whole cicatrix and continued down to the peritoneum. Upon inserting the finger into the peritoneal cavity the intestine was found adherent to the cicatrix. The constricting ring of cicatricial tissue was, therefore, cut around, leaving a little ring of peritoneum and cicatricial tissue attached to the intestine. The cicatricial tissue was then shaved off and the ring of peritoneum turned over the raw surface of the bowel and folded in with a Lembert stitch, after which the intestine was dropped back into the abdominal cavity. The parietal peritoneum was then brought together in the usual way and the wound closed without drainage. Relief from the distress was instantaneous and recovery was uneventful.

Case III.—History.

Mr. D., aged nineteen years; five days previously he had been operated upon for recurrent appendicitis. The operation had presented no unusual difficulties and the wound had been closed, without drainage, by silk worm gut sutures introduced throughout the entire structure of the abdominal wall. Vomiting was severe, but as there was no rise of temperature it was thought to be due to the anesthetic. When, however, on the third day it increased instead of diminished some anxiety was experienced by his physician. On the fifth day I saw the patient in consultation. He then had a temperature of 99, pulse of 120, vomiting whenever anything was taken by the stomach or by the rectum. He had no bloating of the abdomen and the only pain of which he complained was a pulling sensation in the wound when he vomited. The persistence of the vomiting, with no evidence of infective peritonitis or absolute obstruction of the bowel, together with the fact that the wound had been closed by through and through stitches, led me to suggest that possibly a portion of the intestine might have been pushed between the stitches and the abdominal wall during the tying of the sutures, and that inasmuch as the patient was not in a desperate condition the stitches would better be removed and the opening of the abdomen delayed for a few hours. The plan was adopted and with complete success. One hour after the removal of the stitches the patient took food and retained it and convalescence continued uninterruptedly.

The Lesson.

These cases of course do not illustrate with any completeness the many causes of post-operative intestinal obstruction, but they are of value in demonstrating the necessity for greater care in operative

technique. There is too much leaving of raw surfaces in the abdominal cavity. While I admit that probably in the majority of cases this may be done with no bad results, yet statistics show that this is not an infrequent cause of partial if not of complete intestinal obstruction. In none of the cases reported was I present at the primary operation but I have no doubt that in the first there was a raw pedicle left and in the second that at the point of adhesion of the intestinal to the abdominal wall the peritoneum had not been caught in the abdominal stitch and the wall was lacking in a peritoneal lining. It may be too positive to say that every raw surface in the peritoneal cavity should be covered with peritoneum, but this should be the aim of every operator. The appendicital stump is so treated, following the recommendation of Fowler, and the stump of the broad ligament, the uterus or the omentum may be so treated with but little extra labor. There is no reason why broad bands of adhesions may not be treated in a similar manner, and adhesions of intestines to tumors, to the abdominal wall or to inflamed organs may be treated in the manner described in the first case mentioned.

In operations made in the interval for the removal of the appendix the abdomen is often tense, and the bowels easily crowd up against the line of incision. If, then, the single suture is used, greater care should be exercised in tying, to prevent catching of the ever moving intestines. The possibility of catching the intestine or the omentum between the stitch and the abdominal wall has not been given the prominence it deserves, principally because the majority of operators during the early years of abdominal work confined themselves to the removal of large tumors. In such instances the abdominal walls were lax after the removal of the tumor and were more easily lifted away from the intestines during the insertion and tying of the sutures.

OSTEITIS.

BY DEWITT G. WILCOX, M. D., BUFFALO.

The frequency with which this disease has come to my notice within the last year or two induces me to call attention afresh to some of its direful results when early treatment is neglected. I feel convinced that we see the evidence of general systemic tuberculosis more than a decade ago, and one of the frequent exhibitions of this malady is tuberculosis of bones, especially in children.

While this article is not confined to tubercular ostitis yet that factor is so prominent in all the cases that it must receive prominent notice. This disease, inflammation of bone, comes quite as frequently to the general practitioner as to the specialist; indeed in its early stages the former is consulted alone. The rather innocent and insidious manner with which it introduces itself to our attention is so lamb-like that one is induced to think, if not to say, "Only growing pains," and dismiss the subject. But "growing pains" soon become "groaning pains" and will not be silenced except by radical treatment.

In looking over my case-book I find these common facts relative to all the patients and symptoms of the disease:

The large majority, I should say seventy-five per cent., affected with osteitis are children under fifteen years of age. The cause in nearly every case is attributed to traumatism, at least by patients or parents; but a noticeable feature is that the attributed cause is all out of proportion to the extent of the disease. A slight bump of the shin, a light knock on the knee, a continued pressure on the hand or finger, and there are swelling, pain and pus. Thousands of children are more severely hurt every day of their lives with no osteitis following, hence we naturally assume there is a lack of resistance somewhere and charge it up to scrofula and let it go. But scrofula to-day simply means tuberculosis or syphilis and nothing more. Now and again, however, when our chain of evidence seems very clear we find a break and our rule is proven true by the exception.

There may have been a severe injury to the bone with osteitis resulting, in which there is not the slightest evidence of tuberculosis either in the patient or in the progress of the disease. As to the well-marked symptoms, if it be a child and the bone affected be in any of the extremities, there will be seen a tendency to save the limb all unnecessary motion, thereby exhibiting an awkwardness of gait. Pain will soon be complained of, particularly at night after the child lies down. It will be of a dull, aching character, and not so specially located as to enable the patient to place the finger upon the exact spot.

This is where the mistake of "growing pains" obtains its foundation. In fact, I have lost my belief in "growing pains." When such occur there is something wrong and we must look for rheumatism, ostitis, joint-disease or something that can be better explained than the healthy growth of the child.

It may be some days or even weeks before the child makes any marked demonstration over the trouble; for, be it remembered, the disease is of slow progress, especially if the medular substance is affected. If it be periostitis it is more rapid. It has now arrived at a period in which the child places the finger over a definite painful spot. An examination shows some fullness, but very little if any heat or discoloration. The sensation imparted to the finger is that of "bogginess." It is not a hard, resisting swelling, such as a primary inflammation of soft parts, but more like the sensation imparted by dropsical swelling. Later the color is of a bluish cast and the sensitiveness is confined to one particular spot.

Significance of Localized Pain.

I would lay considerable stress upon this point, that while there may be a general soreness all over the swollen area yet there is one definite spot which, when it can be found, causes a sharp cry of pain. As time goes on the swelling increases. Muscular action in the vicinity of the disease becomes impaired, owing to the rigidity consequent upon adjacent inflammation.

It is about this time that the parents of the afflicted child awake to the realization that it is more than a bruise or "growing pains" and send for the doctor. If he be a careful man and not too much hurried the picture will prove an artist's proof, and he will have no difficulty in deciphering the name. But unfortunate is it for both him and the victim if a hurried look and a little "fingering" induces him to say "abscess;" for then will begin a series of blunders which may find its sequel in amputation or death.

If regarded as an ordinary abscess one of two things is done, either poultice or incision. The former is not of the least avail in ostitis but is a waste of time. The latter, incision, will likely fail: because, not recognizing the source of the trouble, a superficial cut is made, no pus is discovered and the physician and parents are made content in the belief that it was not an abscess but some trouble that will get well of itself.

I do not wish to be demagogic, but I should like

to make plain the evidence of this disease in its early stages, the very satisfactory results by prompt and proper treatment, and the dire calamities ensuing upon a hasty or mistaken diagnosis. I might say much, also, touching the indifference and ignorance exhibited by parents as to their children's complaints, but I will take only time to hold up to view a few plain but true drawings of disease of the bones.

Illustrated Cases.

A girl thirteen years old fell upon hard substance, striking the inner side of the femur near the knee. Nearly a month passed before it showed much soreness, then the injury had been mostly forgotten. The soreness was followed by swelling, which seemed to change but little for some weeks. It was "boggy" or doughy, not very painful nor hot, but it kept her awake at night and she lost flesh and failed in strength. The doctor advised rest and poultices and in slow process of time a point appeared, broke and a little pus escaped. They all hoped the trouble was at an end, for the child improved; but the discharge did not cease. Like the "everlasting drop" it always returned when they thought it healed.

This process had gone on six long years when I saw the child; four such points had appeared, broken, discharged, healed up, broken out again and thus kept up the circle. During all those years nature had been calling loudly for aid to help her cast off a sequestrum of bone which she was so slowly and laboriously accomplishing by degrees. But if nature had stood up and fairly howled that she must have that dead bone out no doubt these attendants would have calmly replied, "Let nature take her course," and still spared the knife. But, unfortunately, the leg was not the only part of the anatomy affected. Pus was absorbed, all the lymphatics were loaded with a burden they could not carry, the liver partially suspended payment and floated upon the whole economy a lot of worthless bile that paralyzed the centers of trade. At this juncture the knife was used, the leg laid open to bone for eight inches and a four-inch sequestrum removed in a few moments. Nature had worked six years to do it and the job was not a tenth part finished; and what was worse, much more damage had been done; the auto-toxemia due to bile-absorption caused a jaundice to which the patient succumbed in less than a week.

In another quite similar case the sequestrum had caused a complete separation of the femur at the epiphyseal juncture with the tuberosity, which left no choice but an amputation above the knee.

In another quite similar case the lower end of the tibia was so necrotic that a resection of the ankle-joint had to be performed.

I am giving these extreme cases to show what inexcusable neglect will lead to. I could cite dozens, on the other hand, where by early treatment a little nidus of carious bone was gouged out and complete recovery of limb and motion followed. I have but a few thoughts to add on the treatment, because it is so simple and plainly marked.

Suggestions on Treatment.

Don't palliate with poultice and rest if there be the history of night pains in a localized area, over some bone, some restricted motion, a boggy swelling with one sensitive point. It is osteitis and the plain duty is to go right down to the bone unless the spot is in the abdomen; and even then we have a right to assume the patient may have swallowed a bone and that it has become inflamed.

Of course I would suggest that in getting to the bone some other route be chosen than that occupied by blood vessels and nerves, for it leaves the patient less mutilated.

It sometimes becomes quite a trying ordeal to find the nidus of disease; for not in every case is the swelling directly over the diseased center. In fact it may be far removed, like a psoas abscess in Pott's disease of the vertebra; but a reminder that pus follows downward between muscle sheaths will aid in the search. As "Cap'n Cuttle" says, "When found make a note on." Gouge out every particle of softened bone, fill up the gape with gauze, keep the incision open, at least in part, douche daily and allow it to heal.

I will say in closing that the pain of ostisis is not to be confused with periostitis, such as we see in felons, for here the pain is excruciating in the extreme and continues so till the periosteum is opened and relieved. In osteitis the pain is dull, more like rheumatism. The treatment outlined is quite as applicable in tubercular osteitis, save that substances inimicable to the tubercular bacillus must be used and a more guarded prognosis given.

SURGICAL SNAP-SHOTS.

BY SCOTT PARSONS, JR., M. D., ST. LOUIS, MO.

Ether Explosive.—Never permit a naked light to approach the ether apparatus in anesthetizing.

Deodorant for Hands and Instruments.—Turpentine is recommended as a deodorant for the hands and instruments after iodoform has been used.

Application for Boils.—The white skin that lines the shell of an egg is a useful application for a boil.

Pelvic Inflammations.—In pelvic inflammations, advise the recumbent position in bed, as the pelvic veins have no valves, thus aiding the circulation.

Chromic Acid for Warts.—Chromic acid, one hundred grains to the ounce, applied frequently with a tooth-pick, will remove small warts or similar growths.

To Remove Nitrate of Silver Stains.—Nitrate of silver stains can be removed from the skin by painting with iodine, and after a time applying ammonia.

A Good Local Anesthetic.—A good local anesthetic for spraying abscesses before lancing is made with half a drachm of chloroform in an ounce of ether.

Thrombosis.—An ointment of Belladonna and Mercury, equal parts, is useful to relieve the pain if applied over the course of the vein.

Quantity of Blood in the Body.—The whole quantity of blood in the body of an adult is equal to about one-thirteenth of the weight of the body.

Fracture of the Spine.—The tendency to death in fracture of the spine, if high up, is due to pneumonia and complications, and if lower down to urinary inflammation and bedsore.

Fracture of the Skull (Helmuth).—In simple fracture of the skull, with or without depression, and in compound fractures which are not comminuted, the only excuse for using the trephine is when the symptoms are persistent.

Ozone as a Disfectant.—A new air purifier for poorly ventilated rooms consists in suspending a platinum wire kept glowing by means of the electric current. Ozone is produced rapidly by this means, which in turn deoxidizes impurities.

Carbuncle Cured by Cocaine.—It is claimed that if ten drops of a six per cent. solution of cocaine are injected hypodermically into a carbuncle in the incipient stage the further development of the inflam-

mation is totally abolished, resulting in immediate cure.

Tracheotomy (Tuttle).—In trachetotomy it is a good plan after making the incision through the trachea to put in a thread retractor on each side, to hold apart the cut edges of the trachea. The threads can be passed around the neck and tied. Don't be in haste in putting in the tube.

Carbolic Acid Rendered Non-Caustic.—It is said that carbolic acid, if dissolved in glycerine or alcohol, is not caustic, whatever be the degree of concentration. A small proportion of water added to the alcohol or glycerine solution will cause it to act as a caustic.

Appendicitis (Chislett).—You should have a surgeon watch a case of appendicitis with you. When it runs into a suppurative form, although it is not impossible for such a case to recover without surgical interference, you are in duty bound to operate at once.

Stab Wounds of the Neck.—In stab wounds of the upper part of the neck with arterial bleeding, there is an impossibility in many cases of distinguishing the exact source of the hemorrhage, so numerous are the great vessels in that region. Apply a ligature to common carotid or external carotid if there is excessive hemorrhage.

Thyroid Extract in Goitre.—Professor Baumann, of Freiburg, says that the good results obtained from the use of the thyroid extract in goitre are due to the iodine contained in this gland. He thinks the disease results from a deficiency of iodine in the system, and that the drug alone is fully as curative as is the animal extract.

Born Inside Out.—Dr. Arndt reports the case of a child apparently in good health when born, with a hernial sac at the umbilicus of the size of an apple, In the hernial sac were found the heart, the deformed liver, the stomach, the ileum, and part of the colon. The heart could not be replaced in the thorax, making the prognosis absolutely fatal.

Danger in Carbolic Wash.—Prof. Czerny, of Heidelberg, warns against the indiscriminate application of carbolated wash, since it frequently gives rise to the so-called carbolic gangrene. This is caused by the clogging of the capillaries, due to the action of phenol on the blood corpuscles. The author advises the use of less harmful antiseptics, as solutions of Salicylic or Boric Acids, Alum or Corrosive Sublimate.

How to Find the Upper End of a Severed Tendon.—M. Felizet published in the Bulletin de la Societe de Chirurgie a means for finding the upper end of a divided flexor tendon of the finger. The procedure consists of complete extension of the neighboring finger or on the two adjoining fingers. In consequence of certain delicate fibrous bands passing between the flexor tendons in the great carpal sheath, this brings the upper part of the wounded tendon into view.

One Within Another.—In a well developed but very anemic man, nineteen years of age, a tumor was found occupying the greater part of the pelvic cavity. It consisted of a well-formed trunk and limbs. The head was entirely absent, and in its place a tuft of hair, fifty cms. long, was inserted upon the trunk. The fetus was inclosed in a firm amniotic sac; an umbilical cord was entirely wanting; and the nutrition must have been accomplished through broad and narrow adhesions situated between the amnion and fetus.

Invisible Stitching.—If you wish to make a neat scar and avoid the unsightly suture points you can do so by sewing through the cut edge of skin laterally, so that the strongly curved needle shall not at any point pierce the epidermis. The continuous suture lends itself most readily to this method, and even the knots at the beginning and end may be completely buried. A pretty girl who has the misfortune to require a cutting operation about the face will be very grateful for anything you can do to minimize the deformity of a cicatrix.

Some Important Facts About Chloroform.—Dr. H. A. Hare concludes that while this drug without doubt acts as a general depressant poison to the respiratory center and the heart in the same manner as it paralyses all living protoplasm when applied in excess, when improperly given by inhalation it produces a death equivalent to that resulting from hemorrhage, which is a failure of the respiration, but not so much from starvation of blood; and while the tendency of the drug is to depress and dilate the heart, just as it dilates the vessels of which the heart is merely a specialized part, the failure in the pulse rests upon vasomotor palsy, the patient becoming pulseless because the heart has not sufficient blood to pump.

Gynecology.

ABDOMINAL HYSTERECTOMY FOR LARGE FIBRO-CYSTIC TUMOR OF THE UTERUS.

BY SHELDON LEAVITT, M. D., CHICAGO.

History of Case.

Mrs. K——, aet 56 years. She had lost an unusual quantity of blood at the menstrual period for some years before the function ceased, eight years since. Several years ago she felt an enlargement in the hypogastrium, which gradually extended until it filled the abdominal cavity and gave her the appearance of a woman at full term of utero-gestation. For some months her general health had been seriously impaired, and metrorrhagia had recently occurred at frequent intervals.

She was brought to the hospital by Dr. S. E. Hulett and I was called to see her. She presented an anemic appearance; her pulse was small and rapid; her feet and ankles were badly swelled; her appetite was good, and her strength was so reduced that even slow locomotion about the corridors produced weariness and shortness of breath. Her sleep was not good, and she complained much of suffocative spells.

Examination disclosed a tumor filling the whole abdomen, which, since it gave some evidence of fluctuation, was at first believed to be of ovarian origin, the frequent and profuse hemorrhage being the chief indication pointing to probable uterine involvement. The face of the growth was smooth and regular, quite unlike that found in connection with the average uterine fibroid. Vaginal exploration revealed little. The tissues were puffy. No cervix was to be felt, but the cervical region was retracted upwards, so that not even the os uteri could be distinguished.

An operation was resolved upon, yet, in view of the unpromising state of her general health, it was deemed advisable to try the effect of moderate rest, increased nourishment and judicious medication for a few weeks. At the end of three weeks, inasmuch as she had suffered another hemorrhage, which removed what little strength had been acquired, and, as was feared further blood-loss, it was thought best to proceed with the proposed operation.

Details of Operation.

Accordingly, on the 6th day of July, the patient having been scrupulously prepared, the operation was undertaken, Drs. Hulett, Waggoner and C. F. Leavitt acting as assistants.

On opening the abdomen, through walls phenomenally thin, the tumor came at once into view, the anterior surface of it presenting no adhesions. It was evidently not an ovarian cyst, and had not the possibility of a physiological condition been ruled out by the history, or had she been a younger woman, I should certainly have suspected advanced pregnancy. As the tumor, on palpation, evidently contained fluid, I introduced a large trocar through an incision quickly made with the scalpel and drew off a quart or more of an inspissated albuminous liquid, without materially reducing the size of the growth. The incision, which was already five or six inches in length, was extended almost to the epigastrium, when, after breaking up some adhesions, the tumor was with difficulty turned out through the opening. To such examination as I was at the time able to make it appeared to be a uterus rather equably enlarged by fibroid development. The broad ligaments were tied off and cut and the entire organ was finally removed, together with the adnexa. Just after the immense mass had been laid aside Prof. Shears entered the room and I requested him to examine it. On doing so, in a superficial manner, he could discover no evidence of the uterus —although it was certainly embraced within the mass—as it presented no cervix and no appearance of an os.

The edges of the broad ligaments were stitched together with cat-gut and the peritoneal surfaces adjoining the bladder and rectum were treated in the same way, so that the bottom of the pelvis, from which the tumor had been removed, was left clean and smooth. The abdominal wound required a multitude of stitches, the peritoneum being closed by a continuous cat-gut suture and the remainder of the wound by silk-worm-gut which was made to include all the structures outside the peritoneum. The dressings were of the usual sort.

Microscopical Examination.

After the patient had been returned to her bed, with no signs of shock, we examined the tumor more carefully. At the point where the cervix should be found I discovered a slight depression which received the sound to a depth of several inches, into which I inserted the blade of a scissors and opened what proved to be the uterine cavity, of a size and shape indicated in the accompanying illustration

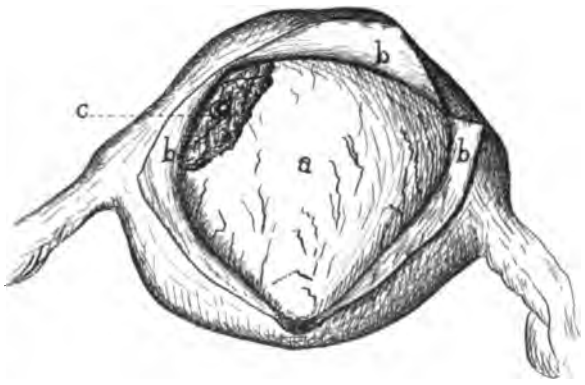

FIG. I.

(Fig. 1). The tumor was evidently fibro-cystic, the development having proceeded from the posterior wall and fundus, bending the uterus over its anterior face, enlarging its cavity and thinning its walls.

Results.

The patient's recovery was absolutely uneventful. The dressings were removed on the eighth day, when the whole wound was found to have united by first intention. The edema quickly disappeared from the legs, and the patient, though her stomach before the operation had been somewhat irritable, bore her

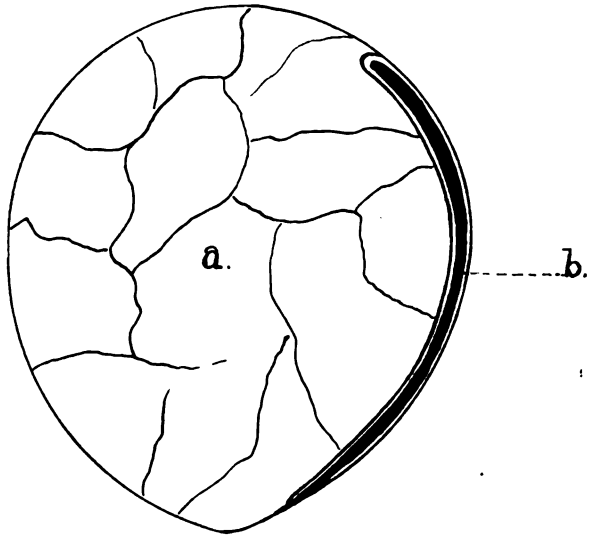

FIG. II.

nourishment well and rapidly gained her strength.

On account of the unusual length of the abdominal wound she was not allowed to sit up until the close of the third week. She has since ridden thirty or forty miles in a single day, in a carriage, without excessive fatigue, and is quite well.

PELVIC TUBERCULOSIS.

BY M. H. PARMELEE, M. D., TOLEDO, OHIO.

Recent investigations have shown a surprisingly large number of pelvic inflammations to be due to the hitherto unsuspected development and growth of the true bacillus of tubercle.

Penrose claims so large a per cent. as 18. Williams, more modest but just as positive, says that 8 per cent. of his cases operated upon were the result of tubercular invasion. Inasmuch as neither of these gentlemen admitted any of their cases to classification until the microscope had revealed the bacillus of tubercle and that they found so large a per cent. where the evidence could not be disputed, it behooves us to be upon our guard as to the real nature of some of our cases, in order to be correct with our diagnoses and our treatment.

Let us go over cursorily then the present state of our knowledge of this subject. This is yet in a condition of decided infancy, for it is only within the past very few years that tuberculosis as a primary infection within the pelvis has been admitted.

As an instance of how new this view of the ravages of tubercle is I may say that Pean, writing in 1895, details but two cases in his monumental classic, "Diagnosis and Treatment of Tumors of the Abdomen and the Pelvis," where he had observed tubercle in the pelvis and the lungs were still intact.

But from my limited knowledge I can say, with somewhat of certainty that tuberculosis attacks the fallopian tubes much more often than any other pelvic organ. During this past summer I have taken away from three different women tubes that, upon microscopical investigation, were found to be tuberculous. And each of these cases was thought to have been gonorrheal, prior to the revelations of

the microscope. I do not think that with our present knowledge any one can be at all sure of his diagnosis of the kind of salpingitis that is present in any single case prior to operation and examination, unless, in the instances of the septic cases, post-labor or abortion, which might be distinguished by their violence and rapidity, and the acute cases due to a virulent gonorrheal invasion. These two classes could be known by their fulminant symptoms. The signs and symptoms of all of the other cases are so similar that it will be with difficulty that they may be differentiated before an abdominal section.

Characteristics and Indications.

Tuberculous tubes are covered with the characteristic cheesy deposits, more particularly in, on or about the fimbriated extremities. Or miliary tubercle may predominate. Tubercle in the tubes or ovary, or the peritoneum, comes as an infection and may occur in a number of ways, as:

Through the blood.

Through a tubercular ulcer of the intestine or bladder.

Through the genital tract—from bed clothing or sheets soiled by sputum.

Through coitus with men affected with genito-urinary tuberculosis.

Prognosis.

When we come to consider the prognosis, then we can speak more positively.

Pelvic tuberculosis, and especially its tubal or ovarian forms, is a very destructive disease. They lead to like forms of tubercular infiltration of the peritoneum, with all its known dangers and fatality.

Tubercular peritonitis has always been more common in women than in men. Here we can see the reason; because of the ease and readiness of the infection reaching it, through the open tubes. Abscesses may form in the pelvis and the woman die as the result of long continued suppuration and discharge, or from exhaustion.

Treatment.

And now as to the treatment. I can advise but one, and that one form should in my judgment be instituted at once, when a sufficiently probable diagnosis is reached, namely, Abdominal Section and the complete removal of tubes and ovaries, and the uterus also if it be infected. Removal of the tubes is the most important, as they are the focus of the earliest infection.

I can now point to two complete recoveries by this operation having been made. An extension to the peritoneum does not contraindicate such an operation, for some most dreadful cases of tubercular peritonitis have been cured, as is well known, by celiotomy—draining away all effusion and letting in the air and sunshine.

Therefore—as in appendicitis—that moment that a diagnosis of tubal or pelvic tuberculosis is made I affirm that the safest measure for the patient is an operation. I am well aware that such a course is repugnant to many well-meaning and good-intentioned men, and especially women of our profession. And it is a wonder to me how many physicians will not give their consent to operative measures when presented to them as the easiest and safest way out of many difficulties.

The argument has been made that "organs should not be sacrificed!" What does that mean? Is the organ in question—say it is a tuberculous tube—in any sense an organ of quiet function? Or a menace to health and life? If the latter—it already has been sacrificed, and now should be extirpated before it has further time to poison an innocent woman. Delay is dangerous.

I am and have been for years a persistent foe to indiscriminate and useless operations; but in these cases it seems we have no choice. Nothing has been found to cure, alter or relieve them—except immediate extirpation.

Should such an operation be made at a patient's home? I have come to a definite conclusion upon this point and the answer is always negative. For it does not give the patient the same chance of complete restoration that a modern hospital does, and there she should be taken.

I have offered nothing as to the technique of the removal of tuberculous organs; that should be left to the judgment of the individual operator; but the points to which I wish to call attention are: First, the frequency of these pelvic tuberculizations, and second, the absolute necessity of their immediate removal.

COCCYGECTOMY IN GYNECOLOGY—A CASE.

BY W. J. RENWICK, M. D., AUBURN, MAINE.

How often we see cases that have undergone, in the hands of the gynecologist, various operations for the relief of some ailment dating from a childbirth, and how many times have hysterectomies, ovariotomies, perineorrhaphies and trachelorrhaphies failed to relieve some supposed reflex spinal affection, with confirmed invalidism as a result? This seems to be especially true in those women who have suffered from severe and protracted labors which have finally terminated with an instrumental delivery.

In all probability a cervical laceration results from the labor, and of course all pain in the region of the spine is "reflex" from this condition; the laceration is repaired and still the pain does not abate; the ovaries or uterus must then be the cause of the entire trouble, and as life is a burden to the unfortunate patient a hysterectomy is the next "reflex-killer" resorted to; surely, that will have the desired effect. But it does not; the pain progressively increases, although any or all of the above operative procedures may have been necessary. Most of us have seen similar cases, and what is the remedy? In many cases it is very simple—look to the coccyx. Every case that comes to the physician complaining of pain aggravated by sitting, with burning and soreness in the lumbar, sacral and coccygeal regions should be thoroughly examined with reference to the coccyx. If movable or displaced or sensitive remove it, and the so-called reflex symptoms will disappear.

Illustrative Case.

Mrs. V., age twenty-five, full-blooded, plethoric; early history reveals a scrofulous affection, which disappeared, however, early in life. Previous to a pregnancy, in 1895, she had enjoyed good health. In April of that year she was confined. The labor was an extremely tedious one, extending over a period of several days, and was only terminated by use of the forceps, made necessary by a justo-minor pelvis, probably resulting from the early scrofulous affection. I might add that this was her first pregnancy.

During the last months of the pregnancy she experienced considerable pain, referred to the region of the sacrum and coccyx, more particularly to the latter; she could not sit with any degree of comfort.

After the delivery the condition persisted; cushions and pillows afforded the only means of assum-

ing a sitting posture with any approach toward comfort.

Eleven weeks after her confinement a trachelorrhapy was performed, and later the operation was repeated, owing to some irregularity in the healing process; meanwhile the pain and discomfort in the lower spinal region had progressively increased; in fact, it had developed into a veritable coccyxgodynia. So severe was the pain and so great the hyperesthesia that while she was under an anesthetic a physician placed his hand on the lower spinal region and the patient nearly sprang from the table. A sister had asked that the spine be examined. Notwithstanding the above occurrence the only result was a wise look, a shake of the head and the assurance that the trouble was all reflex from the genital tract.

Later the patient was taken to Boston and a vaginal hysterectomy was performed.

The uterus was found to be in a bad state and the ovaries were tending toward cystic degeneration. With this bad condition removed it would seem that the spinal symptoms would disappear. She made a good recovery from the operation and for four weeks the spinal pains abated and then the storm broke with increased severity. I saw her some months after and she then presented the following condition.

From the sixth dorsal vertebra to the tip of the coccyx the tenderness was very marked; she could not tolerate any pressure. The pain was burning in character and seemed to radiate in several places at right angles to the spine. She remarked that it seemed as if her back was on fire. The pain and burning at times reached her heels. She could not sit, being compelled to assume a semi-recumbent position, or, better still, to throw all her weight on one hip. Her appetite was fair, bowels constipated. She was extremely nervous. All the apparently indicated remedies were prescribed and finally counter irritation was added to the list of failures.

A further examination revealed a movable and displaced coccyx. I advised that it be removed. Accordingly, on June 15th last, an incision about four inches long in the median line revealed a peculiar and interesting condition.

1. That there were five distinct segments.

2. That the coccyx was dislocated between the third and fourth segments, the distal portion being turned nearly at right angles with the proxymal portion, so that the tip of the coccyx could be felt pressing against the rectum.

3. That the lower four segments were necrosed and could easily be crushed.

4. The adjacent tissues were much hardened and the coccygeal glands were enlarged and inflamed, all showing that a low grade of inflammation had existed for some time.

It was hoped that the upper segment could be saved, but on removing the four lower ones the fifth was found to be unhealthy, so that, too, was removed, leaving the lower segment of the sacrum in a healthy condition.

The hardened tissue was taken away, leaving healthy surfaces. The cavity was packed with iodoform gauze and the wound closed except at the lower margin. The wound healed by granulation and she made a good recovery.

To-day she sits with comfort, walks about the city and enjoys good health generally.

When I say that at least half a score of physicians saw the case and not one of them discovered any pathological condition as far as the coccyx was concerned I think I am justified in saying, as has often been said before, that the tendency in this age of surgery is toward the greater things, and many times the lesser things are lost from our view.

It is to be hoped that physicians in general and surgeons in particular will some day learn that a woman has other organs and members than those of generation, and that the discovery will be marked by the advent of minute attention to the small as well as the greater things.

VULVAR ABNORMALITY.—A RARE CASE.

BY REBECCA W. ROGERS, M. D., INDIANAPOLIS.

The following case seems to be worthy of record on account of its unusual nature as I have been able to find no report of such a condition by authorities or by practicing physicians of my acquaintance.

Mary H., aged 18 months, was brought to me by her parents September 8th, 1897, with a history of vulvar sensitiveness and irritability when bathed, and lack of urinary control for the past week or two. Two days previous, September 6, the aunt, a trained nurse from Washington, D. C., had made a slight examination of the parts and noticed an extension of the hymen upward. The following day another examination showed rapid progress of the extension, and when the child was brought to me I found the following condition:

Labia majora greatly enlarged but not red or inflamed, this enlargement, which I had noticed at the time of the child's birth, and which had persisted up to this time, seemingly being due to an unusual deposit of adipose tissue.

On separating the labia majora there was no sign of any labia minora, meatus urinarus—or vaginal orifice—a tiny transverse slit just below the clitoris, which was also lost to sight, being the only means of egress for the urinary outflow. In short, the appearance of the parts was as if a glistening membrane had been tightly stretched from the inner surface of each labia majora, entirely obliterating the labia minora and the vaginal and urinary orifices.

This peculiarly shiny membrane seemed to be coexistent with or an extension upward of the hymen. After an application of cocaine, assisted by Dr. Hannah Graham, I made an incision down the median line of the membrane, which brought to view the normal urinary and vaginal orifices. The labia minora were then carefully dissected out of the underlying tissue to which they had united, and between which I found several particles of hardened smegma. The hood of the clitoris was very tightly adherent and the usual accumulation of smegma was found and removed. Small strips of iodoform gauze were laid in between the approximal surfaces of the labia majora and minora and a strip of the same inserted into the vagina. A pad of absorbent cotton over this secured by a "T" bandage completed the dressing.

The labial wounds were dressed twice a day for several days with cotton moistened in non-alcoholic Calendula, and sprinkled with Halsey's antiseptic dressing, great care being necessary in keeping the raw surfaces well apart by the dressings until healing was completed. Twice during the following week it was necessary to again unsheath the clitoris, owing to the reappearance of this peculiar glistening membrance which so rapidly pinned down everything beneath it. After the parts were entirely healed there has been no reappearance of the trouble and the labia majora are now normal in size.

This child at birth was as beautiful and perfect a

baby as I have ever seen, the enlarged labia being attributed solely to the general plumpness. Its eighteen months of life has been marked by no serious illness of any kind, its physical and mental developmen being normal and uninterrupted. The parents are highly cultured and refined, the moral and spiritual natures being largely developed in both. The mother, a primipara, come of a neurotic family and through her pregnancy was troubled with a great deal of vulvar soreness and irritation. The hymen, large and thick, was not ruptured until the birth of the child in question, and after her recovery from confinement, she was annoyed at times by a return of the soreness and erosion of the tissues about the vulvar orifice.

The questions which naturally arise in regard to this case are: What caused this formation of new tissue, and is a recurrence probable? My own theory in regard to the matter is based on the probability of an inherited delicacy and sensitiveness of the vulvar tissues, while the increased heat, retained secretions and irritation caused by the constant friction of the enlarged labia, so stimulated to a state of activity the fixed tissue-cells as to make cell proliferation and new tissue-growth possible. With the reduction in size of the labia majora I believe the largest factor in the probability of a return has been removed.

Associations.

NATIONAL SOCIETY OF ELECTRO-THERAPEUTISTS.

REPORTED BY R. KINGSMAN, M. D., WASHINGTON, D. C.

The annual meeting of the National Society of Electro-Therapeutists was held in the Ebbitt House parlors at Washington, D. C., September 29th and 30th, 1897. There were not many visiting members present owing to illness of some members and press of business in the case of others, but what the meeting lacked in numbers was more than made up in interest, as the papers read were of the highest quality and proved that the members of this society are very far above the average in their knowledge of electro-therapeutics.

First Day.

The convention was called to order by the chairman, Vice President Clara E. Gary, of Boston, Mass., at 2 o'clock. On assuming the chair the chairman expressed much regret that illness prevented the President, Dr. F. A. Gardner, of Washington, from being present.

Dr. W. R. King, Secretary of the scciety, read the President's annual address, which was then referred to a committee for action and report.

The address of Dr. F. A. Gardner was a carefully prepared one and contained much valuable information. After extending a hearty welcome to the visiting physicians he cited the fact that while this was only the fifth annual meeting of the society it numbered more than one hundred and sixty members. He thought that every reputable medical college should include in its curriculum a chair of electro-therapeutics, filled by a professor thoroughly competent to teach this branch. To show what progress has been made in the last dozen years in the use of one current, he said one could go back to the last century and find that Benjamin Franklin used static electricity for medical purposes; later John Wesley used the same current extensively and treated large numbers successfully. During the latter part of the century Cavallo experimented largely and published all that was known at that time upon the subject. From 1840 to 1850 it was used with much success in Guy's Hospital, London. From this time up to 1884 very little use was made of this current in medicine. In the work upon medical electricity by Erb, published in this country in 1883, we find the following: "Experiments, even the latest ones in Paris, have furnished no satisfactory results, and static electricity has still to conquer a secure place in electro-therapeutics."

Although our literature relating to this special current is still exceedingly limited, yet all electro-therapeutists must admit that in the past ten years static electricity has conquered a "secure place in electro-therapeutics. In my opinion it is still in its infancy, and there is a greater future in store for it than for any of the other currents. Were I to choose one current alone for office work my choice would be static."

Dr. W. R. King read his report as Secretary of the society. He reported that during the past year the Executive Committee have elected to membership the following: Drs. Enoch Mather, Paterson, N. J.; Andrew Dryborough, Crothersville, Ind.; James Ferrier, New York City; D. Zane Hughes, New York City; H. H. Hawxhurst, Washington, D. C.; M. Alice Brosius, Washington, D. C.; F. A. Swartwout, Washington, D. C.; Charles Dake, Hot Springs, Ark.; J. L. Barnard, Baltimore, Md.

The following have resigned during the year: Drs. J. T. O'Connor, E. H. Porter, J. M. Schley, Fred B. Percy and Dr. Talbot.

There were five new applications for membership, which were referred to the Executive Committee for rport.

Th report of the Treasurer was read by the Secretary in the absence of the Treasurer, Dr. J. B. Garrison, who was unable to be present. The report showed a balance on hand of $50.35.

Therapeutic Experiments with the X-Ray.

Dr. Wm. Harvey King, of New York, read a paper entitled "Some Therapeutic Experiments with the X-Ray," in which he said that ever since Prof. Roentgen's discovery speculation has been rife as to the therapeutic properties of the X-ray. No sooner had the first demonstration been accomplished than wonderful properties were claimed for the ray therapeutically. These claims, however, proved to be preposterous, advanced mostly by unscrupulous physicians seeking to gain notoriety. Since the more perfect apparatus have become common, many earnest physicians have been diligently at work to discover a field for the ray in therapeutics; so far, however, I believe nothing but failure has been their reward. It is to report failures rather than success that I present this paper to you to-day. In the summer of 1896 a case of chronic osteitis of the middle phalanges of the left hand, which had been for some time under the care of Dr. S. F. Wilcox, was examined and photographed on different occasions with the X-ray. To the surprise of the Doctor the inflammation, which had remained stationary for weeks and months, disappeared. This suggested to Dr. Wilcox the feasibility of treatng similar conditions with the ray, and it was at his request that I undertook the treatment of the first and second cases.

That of the first was a physician who had been afflicted for about four years with an osteitis of the tibia, which had not yielded to any treatment

until June 1st, 1896, when Dr. Wilcox operated on it by chiseling an opening through to the medullary canal. The relief was marked; from the first the patient recovered rapidly, general health improved and he soon resumed the practice of medicine.

During the month of November, however, the pains returned with slight fever. It was at this time that the X-ray was brought into use. The first treatment given was with a very powerful ray by means of a single reflecting tube, and continued for twelve minutes. This treatment aggravated the pain and caused a slight increase of the fever. Four days afterward, when the pain and fever had subsided to the condition they were in before the treatment, another trial was made, using the ordinary pear-shaped tube. At no time excepting the first treatment was the ray strong enough to give a clearly defined outline of the bone on a tungstate of calcium fluoroscope. Relief immediately followed the application. After three hours the pain began to gradually return and six hours later it reached the same degree of severity as before the treatment. These applications were repeated every third day for a period of three weeks with complete relief of all the symptoms. One month after the discontinuance of the treatment the patient fell downstairs, injuring the bone from the shock, not direct violence. At once the pain returned and continued for three days without abatement, when a treatment was given, followed by relief which was continuous. In March, 1897, the patient was seized with an apoplectic attack. During convalescence, which was quite rapid, the pain returned and continued to grow worse until it reached the point of severity it had before the operation. The X-ray was once more resorted to. Treatments were given daily, using the pear tube as before. The pain temporarily disappeared after each treatment, the period of relief continuing longer and longer until the end of the first week, when narcotics were discontinued for one night. There was also a subsidence of the fever. Suddenly, on the seventh day, when in the flush of success there came a change for the worse. The pain returned with renewed vigor and gradually increased. The fever began to rise, and even reached a higher point than at any time during the sickness. Mild treatment failed to produce even temporary relief, and strong measures were resorted to, with relief continuing for a few minutes only. The severe burning of the soft parts forced us to discontinue treatments altogether, and another operation similar to the first was resorted to. It was not found that there was a marked change in the bone itself. At the first operation the bone was found to be in a normal state, so far as its consistency was concerned, but now, nine months later, it had become so hard that it was cut with the greatest difficulty, breaking the instruments which had cut it before with ease.

After citing other cases with similar results, Dr. King stated that while his experiments are not complete enough to allow him to draw any positive conclusions he might draw some probable conjectures. These are: First, that the X-ray has no effect whatsoever on tubercular affections of the bones and joints. This is important, as it has been claimed that they are capable of destroying the tubercular germ. Second, that it has temporary effect in reducing the pain of simple osteitis. Third, that it temporarily and perhaps permanently relieves cases of periostitis. Fourth, that it relieves, to a degree, temporarily and perhaps permanently the subjective symptoms of chronic synovitis after the inflammation has subsided. Fifth, that it may have an action in hardening bone, and may be of use in osteomalacia.

Discussion.

Dr. Valentine.—I should like to ask whether or not in the cases that were benefited, which Dr. King has referred to, medication was also resorted to at some time.

Dr. W. H. King.—There was only one case that had medicine, and that was the first one.

Dr. Ralph Jenkins.—I would like to say just a word in corroboration of the statement Dr. King has made in regard to the blurred effect of the photograph from X-rays. I wish to add my experience to his; that I have found the same condition. When there is a tubercular joint, generally, in fact invariably, in the pictures I have taken there has been a blur surrounding the joint, which has not made the distinct, clear outline that a healthy joint would have done.

Dr. Frazer.—I should like to ask Dr. King if he considers it justifiable to use the X-ray therapeutically in consideration of the great danger of the burn and the soreness of the burn. I should like to have him describe one of those burns, as I have never seen one.

Dr. Wm. H. King.—I would say that after you have learned a lesson about the burns it is safe to use it, but, until you have learned it, it is best to leave it alone. It is very seldom you get a severe burn by using the pear-shaped tube. It is the reflecting tube, which gives a so much more powerful ray, which produces the burn. In describing one of the burns the Doctor said, "The first treatment will produce a slight dermatitis. If you continue treating at this time that dermatitis will increase. A short time after, if you continue, there will be an inflammation underneath the skin, in the cellular tissue, inflammation set up there, and a painful condition will be seen. First the dermatitis will only cause a slight swelling and redness, afterward it will puff out; as the inflammation increases this broadens out and the whole limb becomes swollen. Now, as that goes on and the inflammation increases until you have to stop treatment, the pain comes on and is very severe. The pain is not great during the dermatitis. If the burning is very severe a slough will form. This slough will take on a line of demarkation, and will remind you of gangrene, producing the death en masse of the tissues, so to speak, and the entire mass will be in a direct line of demarkation, leaving rather clear-cut edges. The ulcers left after the sloughing process heal very slowly. If the patient is in good condition, strong and robust, the ulceration may heal quite rapidly; but if not you will get an indolent ulcer which is very hard to heal."

Dr. Janney.—How much danger is there in making examinations where there is a healthy skin with a pear-shaped tube—where there is no disease.

Dr. Wm. H. King.—I do not believe that there is any danger in making it with any kind of a tube five, six, seven, or eight minutes, but with a pear-shaped tube, the danger is very much less, according to my experience. In fact, I have very little fear of an ordinary pear-shaped tube because the rays are not strong enough.

Other Papers.

Other papers of an interesting character were read and thoroughly discussed, but space will not permit of full mention of them. They were as follows:

"Uterine Fibroid Treated by Electricity," by Dr. Bessie P. Haines, of Minneapolis, Minn.

"Treatment of Constipation by Electricity," by Dr. Helen E. Pierce, of Plymouth, Mass.

"Practical Application of Electro-Therapeutics," by Dr. Cora B. Brewster, Baltimore, Md.

"Chronic Endometritis Treated by Electricity," by Dr. Lucy H. A. Brown, Providence, R. I.

"Electricity and Surgery in Gynecology," by Dr. Cora E. Gary, Boston, Mass.

Evening Session.

The association was called to order by the Chairman, Dr. Clara E. Gary, at 8 o'clock. The chair announced as members of the nominating committee, to select officers for the next year, Drs. R. K. Valentine, Wm. H. King and Ralph Jenkins; this committee to report the next day at the two o'clock session.

There being no other business papers were read and discussed as follows:

"Galvanism vs. the Curette in the Treatment of Uterine Hemorrhage with a Plea for the use of Low Amperage in these Cases," by Dr. A. W. Bailey, of Atlantic City, N. J.

"Electricity as an Adjuvant," by Dr. F. M. Frazer, New York City.

"The Electro-Conduction of the Nerves," by Dr. Wm. Harvey King, New York City.

"The X-Ray and the So-called Burns from X-Ray Exposure," by Dr. Ralph Jenkins, Washington, D. C.

"Causes and Treatment of Pelvic Disease in Women," by Dr. Flora M. Brewster, Baltimore, Md.

"Phono-Faradic Massage Apparatus," by Dr. Henry C. Houghton, New York City.

Second Day.

The session was called to order at two o'clock p. m. by the chairman, Dr. Clara E. Gary.

The report of the auditing committee was read, received and filed.

Next in order was the report of the committee on President's address. On motion the report of the committee was adopted.

The following are recommendations of the committee which were adopted:

"That the society indorses fully the sentiments expressed by the President, and will do its best to have electro-therapeutics established as part of the curriculum of every medical college in the country.

"That this society, being one of the most powerful agents for the dissemination of electro-therapeutical knowledge, it will, in accordance with the President's suggestion, endeavor to increase its influence by enlarging the membership.

"That the society has learned with great sorrow of the poor health of its President, and extends to him its sincere sympathy, with the hope of a speedy convalescence."

Dr. Valentine presented the report of the nominating committee and said that the committee in searching for a president naturally looked toward the Vice President, who now occupies the chair. We thought that she should be advanced; at the same time, as the next meeting is to be held in New York City, it was thought best, after consideration, to recommend the nomination and election of a president from that city. Your committee makes the following nominations:

For President, Dr. F. M. Frazer, New York.

For Vice President, Dr. Clara E. Gary, Boston.

For Second Vice President, Dr. A. W. Bailey, Atlantic City.

For Secretary, Dr. L. Willard Reading, Philadelphia.

For Treasurer, Dr. J. B. Garrison, New York City.

Additional members Executive Committee: Dr. F. A. Gardner, Washington, D. C.; Dr. W. Harvey King, New York.

On motion of Dr. Janney, duly seconded, the Secretary was directed to cast a ballot for the members nominated by the committee.

Resolutions of regret for the continued illness of Dr. Jackson, former president of the society, were passed.

Resolutions expressing regret and sorrow for the death of Dr. Emily A. Bruce, of Roxbury, Mass., were adopted.

Dr. Wm. Harvey King moved that the society meet next year in New York City. Unanimously carried.

Dr. Janney moved that a vote of thanks be extended to Mr. Burch and the Ebbitt Hotel Company for the use of the parlors for these meetings. Carried.

Dr. Wm. Harvey King moved an expression of thanks to the Washington physicians for the pleasant entertainment they furnished the society while here. Carried.

The Chairman then announced that the meeting would resume the consideration of papers, and the following were read and discussed:

"Xanthomata and Papilloma Cured by the Galvano-Cautery," by Wm. R. King, M. D., Washington, D. C.

"Fecal Incontinenta Cured by the Faradic Current," by Reginald Munson, M. D., Washington, D. C.

"Causes of Failure," by Dr. N. B. Delamater, Chicago, Ill.

On motion of Dr. W. R. King it was resolved that the remaining papers which were in the hands of the Secretary be referred to the publishing committee for their action.

Thereupon, at 4:30 o'clock, the convention adjourned.

Correspondence.

THE SOUTHERN ASSOCIATION MEETING.

Despite the prevalence of yellow fever and the fact that many of its members were engaged in combating the terrible disease and consequently were prevented from attending, the Southern Homeopathic Medical Association held a successful meeting at Nashville October 19th, 20th and 21st. The attendance was not quite up to the standard but was larger than was expected under the circumstances. The papers were of good order and the discussions valuable. President Stearns, of Washington, wielded the gavel with precision and courtesy, braving the possibilities of contracting the fever by coming in contact with some refugee or flying germ, unfortunately having to come unattended. Dr. Macdonald was on the eve of taking unto himself a bonnie bride and the rest of the Washington contingent could not be prevailed upon to tear themselves away from the delightful wedding breakfast spread before the two hundred friends and guests, among whom they were conspicuous as the ardent admirers of the blushing groom.

The society convened on the morning of the 19th. Invocation by Rev. Mr. Steele and a cordial address of welcome by Dr. T. E. Enloe, set the ball in motion. Dr. Buck, of Cincinnati, responded in his usual felicitous manner to Dr. Enloe's welcoming words, and then followed the usual routine business. This disposed of the scientific work was begun by the presentation of papers.

Dr. L. C. McElwee, of St. Louis, presided over Clinical Medicine. And just here let a few words be said as to why Clinical Medicine and not Materia Medica, the length and breadth and height and depth of homeopathy, opened the session of 1897. Off in the West there dwells in the sunflower State one chairman by the name of Menninger. Said chairman not only dwells in the State of golden blossoms but he dwells likewise on high potencies. So, peradventure, being in a particularly high and exalted frame of mind the honored chairman of the most important bureau of them all failed to hand in any papers in time to appease the hungry cry of the printer for program copy. Finally, in her dire extremity, the secretary wrote the postmaster of the city in which the ethereal Menninger resides about him, after which the aforesaid ethereal got himself busy and wafted various missives through the mail to the appointees of the secretary and a menu was offered as such splendid contributors as Monroe, McElwee, Wilson, Schott, Henry and the derelict chairman can give.

The bureau of surgery, chairmaned by Chairman Chislett, of Chicago, presented a number of valuable papers, and to make the work more interesting Walton, of Cincinnati, came in at the death and held the post-mortem. We missed Drs. Lee, Green, Parsons, Shears, Morgan and others in this department, who have been with us in former years and who we hope may come again.

Pedology was presided over by Prof. Jos. P. Cobb, Chicago, and good substantial food and milk was presented for the benefit of the babies.

Dr. J. A. Whitman, of Beaufort, South Carolina, presided over the department of sanitary science and hygiene. Our stock of knowledge on these subjects was considerably augmented. Taking them all in all the bureaus all did good work for the association, albeit in some of them the number of papers was not what it should have been.

The following resolutions on yellow fever were sent by Dr. Orme, offered by Dr. Stout and unanimously adopted:

Whereas, The question of superiority of method in medical treatment of yellow fever is of exceeding importance, and

Whereas, The report of the Homeopathic Yellow Fever Commission of 1878, after careful investigation, showed the immense superiority of homeopathic treatment, therefore

Resolved, That the Southern Homeopathic Medical Association requests all homeopathic practitioners having experience with yellow fever to keep separate records of their cases, so as to be able, when occasion may arise, to add to the favorable showing already made by homeopathy.

On the evening of the 20th the local profession and their charming ladies arranged an enjoyable reception in the Woman's Building of the exposition, which was attended by the entire membership present. After partaking of refreshments and indulging in cordial good fellowship a general inspection of this handsome structure was enjoyed, after which the grounds beautifully illuminated, the atmopshere laden with the fragrance of Southern roses and other varieties of flowers, were visited. By many the illumination and night scene generally were thought to surpass in beauty similar scenes at Chicago's great World's Fair.

At noon on the 21st election of officers took place. A departure from the usual course occurred in the election of Dr. Lizzie Gray Gutherz, of St. Louis, as president. Various state societies, not many in number, have chosen women presidents. But this is the first instance where the Southern Association or any large-sized sectional society has elected a woman member to its highest office. Dr. Gutherz had won the place, and the men were gallant enough and just enough to select her for it. It is not believed they made a mistake. Dr. Walter M. Dake, of Nashville, was chosen first vice president; Dr. J. A. Whitman, of Beaufort, S. C., second vice president; Dr. W. E. Reily, Bowling Green, Mo., secretary; Dr. Frances McMillan, Nashville, corresponding secretary, and Dr. A. M. Duffield, Huntsville, Ala., treasurer.

Who were there? Why, Dr. John H. Henry, of Montgomery, Ala.; Dr. Chas. E. Walton, of Cincinnati and Dr. J. D. Buck; Missouri sent us Dr. L. C. McElwee and wife and little Claude, Dr. Lizzie Gray Gutherz, and Dr. W. E. Reily; Chicago contributed Dr. and Mrs. Jos. P. Cobb and Dr. H. R. Chislett; from Kentucky came Dr. A. L. Monroe, Dr. Sarah J. Millsop, Dr. Robert A. Hicks of Paducah, and Dr. Lucy M. Shepherd of Henderson; Dr. C. M. Paine of Atlanta, Ga., was in attendance; Treasurer Duffield of Huntsville, Ala., with his charming wife, swelled the number and added much to the interest of the meeting. The treasurer was as ever, full of business, full of solid, good sense and full of geniality. Dr. Chas. G. Wilson of Clarksville, Tenn., was in regular attendance and contributed his quota to Materia Medica. Missouri also swelled the number by sending Dr. Wm. Davis Foster, chief surgeon of the L., C., O. & S. R. R., and Dr. J. Y. Coombs, head physician of Insane Asylum No. 1, Fulton Mo. —the Dr. Coombs over whom Gov. Stephens and the "Regular" brothers fought, bled and died the last spring. In spite of these special attentions be it said Dr. Coombs looked healthy and hearty and seemed sound of mind; and last, but by no means least, be it known that Dr. J. A. Whitman, of Beauford, S. C., and Dr. S. S. Stearns of Washington, D. C., and Dr. H. R. Stout of Jacksonville, Florida, were present—they are ever present at meetings of the "Southern," and with words of wisdom, good fellowship and moral strength help the good cause along. The meeting in November, 1898, will be held at Birmingham, Ala., where Dr. A. M. Ballard, who gave the cordial invitation at the Nashville meeting, and Dr. W. W. Clapp will return the courtesies of the Drs. Dake, the Drs. Enloe, Dr. McMillan and Dr. Plimpton. We hope that Drs. Fisher, Eldridge Price, Chas. R. Mayer, Orme, Jas. A. Young, and all the weighty men will attend. Often and heartfelt were the expressions of regret heard on all sides that our worthy and honored recording secretary, Dr. Charles R. Mayer, of New Orleans, could not be with us. Dr. Mayer has spent years of labor and thought in building up the association, and though at his repeated request we dropped his name from the list of officers, my prediction is that he will fill the role of "high private" but for a brief space.

One Who Was There.

CHATTY NEWS-LETTER FROM DR. HORNER.

During a trip from the Middletown State Hospital to the Cleveland Homeopathic Medical Col-

lege I met many men, and saw many institutions about whom and which I thought I would write you.

My first man was the gifted Dr. O'Connor of New York. He is going to do us a good turn. He is putting down his thoughts and theories on paper and is going to let us have them in the form of a book which Boericke, Runyon & Ernesty are to bring out in a month or so. I had an opportunity to read some of the advance sheets and from these formed a strongly favorable opinion of the work.

I saw Dr. McMichael. He is not writing a book; that is, I could not learn that he was, but he is doing good service in the Metropolitan Post Graduate school.

Dr. King, of electro-therapeutic fame, assisted by his colleague, Fraser, is getting out a book which will be a valuable addition to the literature on Electricity. His book is not quite so far advanced as is Prof. O'Connor's, but will be out in the spring.

Boston Hospital.

The Fall River boat carried me to Boston, where, at the Massachusetts Homeopathic Hospital, I found Dr. T. Morris Strong and his estimable wife ready with a hearty welcome.

Some people are born in luck, some people acquire luck, some people have luck thrust upon them. This hospital and the Boston University belong to all three classes. It was not enough that eighty thousand dollars should be handed to the hospital for building a nurses' home, that thirty thousand dollars were found to expend on improvements in the hospital, but by some hook or crook the university has come into an endowment fund of seven hundred and fifty thousand dollars! Just think of that! Three-quarters of a million! It pays to be a university.

Well, I had a nice time there. They are really doing splendid work. Their operating room is en suite, and is a beauty. The clinical amphitheater was not quite finished, but gave promise of being complete and just what is needed. Dr. Strong has two male and two female resident physicians in the work and a fine training school of forty-seven intelligent young women. The number is to be increased to seventy when the home is finished, all under the care of a graduate from the Pittsburg Homeopathic Hospital Training School. Miss Griswold, who, like all Pittsburg productions, is "one of the finest."

Dr. Strong took me out to Dr. Paine's "Newton Nervine" (Wonder why the word nervine seems odd in Boston. Perhaps it's all right—too far ahead of me). We were not fortunate enough to find the Doctor, but his young lady associate showed us through the buildings. They, the new one particularly, are very fine, the surroundings are perfect and I consider myself fortunate in having had the opportunity to see this excellent institution.

By the way, Dr. Strong has a brother with him at the hospital, Mr. Fred C. Strong, who is doing a lot of splendid work with the microscope and electricity. I venture the prediction that some day he will be heard from.

Westboro.

After a night's rest I took the early morning train for Westboro, and here found a right royal welcome from Superintendent Dr. Geo. S. Adams and his first assistant, Dr. G. Francis Adams. They are doing excellent work there, not all of it in the old beaten track, either. They have a man, a Dr. Fuller, who is doing just as fine original work in investigations of the brain and nervous system as I have seen anywhere. Of course it is on a small scale, but it will be heard from some day. The plant at Westboro is very fine and is being still farther enlarged. They have started on a large building which will increase their capacity considerably.

The staff are very much alive and are working to advance the cause of Homeopathy and of State hospitals. Superintendent Adams is certainly to be congratulated on having such enthusiastic associates.

In the afternoon Dr. Francis Adams took me driving and I had the pleasure of meeting Dr. John Lambert Coffin, who has infused new life into the New England Medical Gazette since he took his seat in the editorial chair. He impressed me as a wide-awake, progressive, up-to-date man who does not let slip anything which will be of general benefit. I had taken dinner with Dr. and Mrs. Adams, and their son, who gives promise of being a splendid specimen of the genus homo, but supper was eaten with the members of the staff and office force, and a right pleasant and jolly crew it was. Verily, the life of the Westboro man and woman is cast in pleasant places. I would like to go into detail in regard to the hospital, but space forbids.

Buffalo.

A seventeen hours' ride brought me to Buffalo, where I visited the Buffalo State Hospital. This is certainly a beautiful plant. The buildings are faced with brown stone and the interior finish is simply perfect. My experience here, as at my other stops, left nothing to be desired. The staff were extremely cordial and it was hard to get away from them. Nothing will in future years be more pleasant to me than the recollections of the cordiality of the staffs of the different New York State Hospitals. All of them, and I have visited five and lived in another of the eleven, have shown themselves to be extremely gentlemanly, well-read, thoughtful men and women.

Cleveland.

Over the lake by boat on a night of rough water, so I came to Cleveland, which I have elected to make the scene of my future work and life. I found Dean Phillips, Vice Dean Jones and Registrar True of the Consolidated College all busy hustling as much as I have hustled in writing this letter.

The opening exercises were brief and enjoyable. All that was said was right to the point, and there was a crowded room of listeners. Success is certain; the coalition is a fact and a glorious fact. I had the pleasure of delivering the first lecture, and before I took the rostrum there were one hundred and sixty students registered. During the following week more than twenty more added their names to the list, and there is no doubt but that the number will finally reach two hundred. So homeopathy in Cleveland is once more united and the hatchet is forever buried.

J. Richey Horner, M. D.

Cleveland, Ohio.

THE TIDE SETTING OUR WAY.

In an editorial of the Medical Record (allopathic) of November 6, 1897, a column is devoted to "Remedies Ancient and Modern." It is really surprising how blind those who will not see can become. There has been much discussion and comment on this subject in the old school ranks for some time, but there has been nothing which so completely acknowledges their wrong in the treatment of diseases, nor which comes so close to homeopathy as this. The editor says "Present-day medicine discards more and more the use of drugs. It puts its trust rather in

natural agencies and recognizes the fact that each person possesses a separate individuality, instead of, as in days of old, lumping people together and prescribing to them the same drugs, without considering their different temperaments or dispositions." Isn't that pretty good Homeopathy? But how many old school doctors do you think you could find who would admit the truth of this statement? And this is not all. The editorial goes on to tell what kind of a man the doctor should be and that "faith goes a long way." He gives a few old-time prescriptions and then says, "Another alteration for the better that has been made in administering drugs is that they are not, as formerly, given in excessive combination, but are much more frequently prescribed singly." What a concession this is to the teaching of Hahnemann.

If more of us could only realize the necessity of a faithful adherence to the doctrine enunciated by Hahnemann just now, when the tidal wave is washing to our shores truths which opponents have not been able to drown, how long, think you, would it take us to be the leading school of medicine, although perhaps for years not in name yet in principle? Be true Homeopaths.

Paul Hullhorst, M. D.
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Gheel, the asylum town of Belgium, is interestingly dealt with in a recent number of Harper's. Gheel has a shrine at which for centuries insane people have been reputed to have been cured. Whatever may be the facts or the superstitions in such cases, modern science has wrought what one might claim to be miracles there in the treatment of nervous diseases, for when Belgium, always alert in social reforms, wished to make an experiment of caring for her insane poor by giving them the freedom of the open air and the fields, she chose Gheel as the place where the trial of the new method should be made. Here her Department of Charitable Institutions has reversed most of the methods of the past in the care of nervous patients by placing such invalids in small boarding-houses in the wide, open, sea-cooled country, and giving them their freedom under sympathetic supervision. The experiment of the Belgian government, at first held to be perilous, has proved as successful as its purpose was beneficent; it is one of the merciful miracles of modern science, whose influence seems destined to fill the world. The streets of Gheel, worn for a thousand years by the footsteps of unhappy pilgrims, are now visited by the philanthropic investigators of all lands, who study the most merciful ways of treating the most pitiable of human afflictions. The town now is a state hospital, some thirty miles in circumference, where the patients are treated in cottage boarding-houses, and where wonderful cures are reported to have been wrought.

At a regular quarterly meeting of the Illinois State Board of Health held at the Great Northern Hotel, Chicago, October 5th, 1897, the board resolved: That after May 1st, 1898, all non-graduate applicants for license to practice medicine and surgery who are examined in accordance with the provisions of the Medical Practice Act, in addition to the requirements already exacted, must present as evidence of a satisfactory preliminary education, either a diploma or certificate of graduation from a high school, a certificate of having passed the matriculation examination to a recognized literary or scientific college, or a certificate of successful examination by the faculty of any reputable university or college of arts or science (not members of a medical college faculty), by the State Superintendent of Public Instruction of Illinois, or by the Principal of a High School in Illinois, in the following branches: English grammar, arithmetic, elementary physics, United States history, geography and Latin (equivalent to one year in a high school). Each candidate will also be required to present a certificate from a medical college in good standing with this Board attesting that the applicant has, pursued the study of practical anatomy in said college for at least one term and has made dissections of the entire cadaver, taken at least one full course in operative surgery and practical obstetrics, and personally attended six or more cases of labor. Bacteriology has been added to the subjects of the non-graduate examination.

The Ladies' Hahnemann Monument Association, with headquarters at Buffalo, of which Mrs. Joseph T. Cook is president and Mrs. A. R. Wright is treasurer, have undertaken a commendable task in assuming a large share of the responsibility of completing the Hahnemann Monument subscription. They intend organizing local societies or guilds wherever they can induce the lady friends of homeopathy to take the matter up, and through these expect to greatly augment the subscription during the year. Honorary vice presidents are being chosen throughout the Union, and chairwomen for local organizations are being selected. The profession everywhere is invited to co-operate, and by naming suited patrons in their respective localities to the committee for consideration to facilitate their work and lend them material aid. Not only is the profession asked to assist, but their wives and mothers and daughters are urged to take hold and aid in finishing this work without unnecessary delay. The Buffalo ladies deserve encouragement and support in this most laudable undertaking. Let the readers of the Medical Century communicate with Mrs. Cook, at 636 Delaware avenue, Buffalo, at once with such suggestions, names or subscriptions as they may be able to give and thus further their labors and each do his share toward this most commendable undertaking.

The Medical Century has fortunately a large stock of congratulations else would the demands upon it this fall have been depleting. As it is we can congratulate the latest comer with the same hearty goodwill that we expended upon the first. The latest comer in this case is Dr. J. Norman Davie, of Warren, Pa., the following card having been received at this office: "Mr. and Mrs. James Tracy Brennan request the pleasure of your company at the marriage of their daughter Alice Maude to J. Norman Davie, M. D., Wednesday afternoon, November the third, eighteen hundred and ninety-seven, at one o'clock, Tionesta, Pennsylvania." Dr. and Mrs. Davie will make their home at Warren, Pa., 402 Liberty street.

A society has been organized in the University of Chicago the members of which will bequeath the brains to the society, as well as write out truthful, conscientious, and, so far as possible, unbiased histories of their mental processes from the beginning to the end of their lives. As the members of this society may be relied upon as capable of "mental processes" the brains and the reports will be of real biological value.

Medical Century.

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CHARLES E. FISHER, M. D., ... Editor

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DECEMBER, 1897.

Editorial.

OUR FIRST HALF DECADE.

With this number the Medical Century closes the first five years of its life. Its record is before the profession and must stand for what it is worth. Sins of omission and commission have marred what might have been a more perfect career; but, on the whole, it is believed it has succeeded fairly well in fulfilling the mission upon which it set out and that its labors have not been altogether in vain.

Entering upon a field generally thought to have been well occupied it has made a place for itself and has established a welcome with a large number of the profession. Its circulation is thought to compare most favorably with the best-known journals of its profession, and its advertising patronage, recently greatly increased, speaks a story of warm favoritism with the patrons of medical periodicals. Surely, we have every reason to feel grateful to the profession for the kindness which they have manifested toward this journal and to be deeply grateful to them for the cordial support they have extended it. This is courted more earnestly for the future than in the past, and our growing and now well established patronage enables us to pledge even better efforts toward a helpful journal than ever before.

As during the past so for the future, the practical contributions of a practical profession are solicited. Controversial articles are not desired, except in special instances wherein some vital principle is involved. Less than ever do we desire to make the Medical Century a personal organ. Naturally aggressive and possessed of pronounced opinions on most topics, the editorial policies are not likely to undergo any great change, except that the judgment which comes of increasing years and larger experiences and the mellowing influences of time are found to have had the effect of increasing our stock of editorial tolerance and diminishing our supply of dogmatism. As we grow older we all know more and are wiser; likewise the Medical Century.

THE MALPRACTICE INIQUITY.

In these days when the tendency is for so many worthless scalawags to try to gobble some of the hard-earned dollars of the faithful laborer, when so many people are trying to get something for nothing, there is a marked increase in the number of malpractice suits physicians are compelled to defend. Some medical journal has recently stated that within ten years the number has doubled. Certain it is there have been instituted by far too many causes of this nature. A few notable cases coming to mind at this time may be mentioned.

Three or four years ago Dr. Willard, of Allegheny, was made to defend himself against suits brought by a charity patient in which judgments to the amount of more than seventeen thousand dollars were rendered against him in the lower courts, every dollar of which was declared invalid by the supreme court of Pennsylvania, but not until the defendant had spent thousands of dollars and experienced great anxiety of mind. Dr. Foster, of Chicago, was compelled a few years since to employ attorneys at an expense of some hundreds of dollars and otherwise prepare to defend himself against a suit which never came to trial, it being dropped when the plaintiff found that the defendant was loaded to the guards and ready to fight the case to the last ditch. Dr. Beebe, of Chicago, suffered like indignity and worriment not many years ago. Dr. Leavitt has recently been privately and publicly threatened with suit in a puerperal case, but with that bull-dog determination of which he is known to be possessed stubbornly fought every inch of the ground and has within two weeks received a check for several hundred dollars for his fee in the case, and the most ample testimonial from the plaintiff's lawyer that his services were of satisfactory nature and that all was done for the deceased that medical skill could do. Dr. Streeter about four years ago was put to no little trouble and considerable anxiety of mind over a suit which was instituted clearly for mercenary motives, but which failed to come to trial when it was found that he proposed to fight to the bitter end. Dr. Moreley of Sandusky is just now on the anxious bench, as also are Drs. Downs of Ottawa and Hartman of Syracuse, in neither case the suit deserving the least bit of moral support of any physician, in each instance, however, being prompted by the malice of the opposing profession. Dr. Salisbury of Los Angeles was compelled to contest a suit through all the courts a few years ago, at heavy expense and great anxiety and temporary loss of prestige, the cause being altogether an unjust and venomous one, and Dr. Burnham of Denver was mulcted in a snug sum two or three years since because of the animosity of some of his allopathic confreres and the half-heartedness of some of his homeopathic col-

leagues, in a case wherein the plaintiff deserved all the ugly results that came unto him because of the worthless and vicious life he was leading.

It has often been commented that the editor of this journal is of combative disposition—that he would rather engage in a fight than a foot-race. To a certain extent this is true; he never has been a good runner; but whatever of the combative there may be in his nature is largely the result of one of these malpractice iniquities. Before his majority had been attained, at the very threshold of his professional career, he was made to "grow gray-haired in a single night" because certain old-school doctors whom he had defeated in a race for the physicianship of the county in which he lived wanted to bring upon his innocent young head all the odium and disgrace possible. Not five cents in money did he have to spare; in fact, he was almost as poor then as now, after fifteen years of active labor in the field of medical journalism, wherein he has worked faithfully for the interests of his profession as he has understood them and for a clientele which has always been gratifyingly appreciative but correspondingly slow in paying for their subscriptions; yet five thousand dollars was urged by allopathic doctors as about the amount necessary to heal the wounds of a pair of amputated legs for an indigent case, who subsequently acknowledged in a card in the secular press that the suit was not of his own making, that he was perfectly satisfied with the treatment he had received, and that he was prompted to the action by the defeated allopathic doctors before referred to. There was absolutely no justice in this cause, yet it cost us lots of anxiety and several hundred dollars, as yet not earned, to say nothing of having so changed our in part God-given and in part acquired angelic disposition that we have been more or less on the war-path ever since, if some of our superficially observing friends in the profession are to be believed.

Scores of other instances in which physicians have been made to suffer unnecessary indignity, concern and loss of time and money might be named; but enough have been cited to show that the malpractice iniquity is abroad in the land and that it is our duty to fight it to the death.

This can be done in a number of ways. Most of these suits follow upon ordinary attempts of the physician to collect his fee. Here is where weakness is first shown and the plaintiff becomes emboldened. In every instance the medical or surgical attendant owes it to himself and his profession not to be bluffed out of collecting his rightful dues by threats of malpractice suits. Instead of feeling timid on this score, these cases can be nipped in the bud in many instances by pressing the claim for medical or surgical services. Even though he be not successful in securing his fee the doctor will yet have set up a good cause for defense if a malpractice suit follows. It weighs well with a jury to have it proven that the suit may be in part based upon an effort of the doctor to collect his bill, that it was not instituted until after the physician had first sued. This is a strong point, and should never be forgotten.

Thus, again, in many of these cases the physician can throw the complainant upon the defensive so early in the case that the burden of expense rests upon him. He cannot secure lawyers to defend him on shares, as there will be nothing to divide when the case is one of defense. Most malpractice cases are taken by attorneys upon the contingent plan. Not so with defensive actions. And when a man is caused to spend his money in a defensive lawsuit he usually thinks a good many times before going more deeply into the courts. It is a duty in every instance wherein a malpractice suit is unjustly hinted at to head it off by offensive action, and many a physician has lost his best move when he has failed to take the first step in law. Bear this in mind and strike first, always. Dr. Leavitt would most likely have had to defend himself against the case made public at the last meeting of the Homeopathic Medical Society of Chicago had he not pressed his side of it with determination and vigor, and thus brought the complainant to terms.

It is well known that in so far as malpractice suits against our profession are concerned they are nearly always the result of old-school agitation. Whenever it can be demonstrated that this is true it will be well to institute suit against the slanderers and trouble-mongers immediately. A few counter-suits against meddlesome old-school doctors would have a most wholesome effect, to say nothing of the advantages to accrue to the homeopath by having it made known that he is the subject of unjust persecution. The American people love fair play and generally side with the under dog in the fight. Only in a general way is it known how deeply rooted are the prejudices of the average old-school doctor against us. Let it be shown in a few notable instances that this prejudice lies at the bottom of our malpractice persecutions and the meddlers will think twice before prompting disgruntled patrons to serve as cats-paws for them. An occasional early counter-suit against the plaintiff and his allopathic advisers cannot fail to have a wholesome effect in checking this malpractice iniquity, so often born of malice and prosecuted in a spirit of revengeful professional disappointment.

When threatened with a malpractice suit take the initiative; sue for your fees; yield not an inch; if you can locate the trouble at the door of an opposing colleague, who should be your friend in times of trouble of this character, notify him promptly of your intention to go for him with a damage suit; fire must be fought with fire; a courageous policy, a determination to protect yourself and your professional interests, even if it costs you many a hard-earned dollar to do it, will win in the end. Employ the best attorneys your city affords, both for purposes of offense and defense, and fight for your rights. This malpractice iniquity should be downed and downed

effectually, and no half-way measures will secure this end.

THAT "EVERLASTING DROP."

If there be anything more annoying and disappointing in medical practice than the hanging on of a case of gonorrhea we have not been able to ascertain its nature. An eminent physician once said there are three diseases he makes no pretensions to cure and that they all commence with "C," namely, cholera, consumption and clap. This about tells the story. Gonorrhea is all too-often among the uncured diseases. And there is reason for it. Even if we accept the etiological importance of the gonococcus of Neisser, and it seems hazardous for any modern physician to deny its causative bearing, we cannot altogether set aside the importance of individual idiosyncrasy and constitutional diathesis in our uncured cases. And just here lies the secret of success in ridding the sufferer of that "everlasting drop."

Man that is born of woman is of few days and full of trouble. In all too many instances his trouble is of constitutional nature. His pedigree is tainted by diseases of ancestry which visit their iniquities upon him. A parent, a grand-parent or a great grand-parent may have had syphilis, tuberculosis, or a combination of the two. Perhaps on one side of the family tree one of these diseases and on the other side the other may have found lodgment, in which event upon him would have come the engrafting of both. In such a subject the "everlasting drop" is always to be found. It sticketh closer than a brother—and often sticketh the meatus. It is there when he looketh at it in the morning and it is there when he examineth it at night. It staineth his shirt and maketh his laundry a shame unto him. He milketh himself often in the vain hope of finding it absent; and the oftener he milketh the more certainly he establisheth its presence by virtue of the injury the milking produceth. Verily, his lot is an annoying one, and his condition a danger to his associates of the opposite sex. The "everlasting drop" is alike his condemnation, his sorrow and his chagrin. It causeth him to swear and doeth violence to his temper. It is in every sense a nuisance and he would give his last dollar to be cured—until after he has been cured. Then he doesn't care whether he pays for it or not.

But not only unto him but unto us is the "everlasting drop" a by-word and a reproach. If it is his bete noir it is our condemnation. So long as it remains uncured we are no good. What shall we do to re-establish our reputation; rely longer upon squirt-gun treatments, or go to the root of the evil and uproot the dyscrasia which makes its continuance a certainty? The man is sick. He and not his generative appendix must be treated. The "everlasting drop" is only an evidence of a condition of constitutional weakness which must be overcome before that evidence can be removed. As well try to clean a sewer by flushing it at its distal extremity as to hope to wash out his taint by flushing the urethra. The Neisser coccus has entered his vitals. It has been found in swarms in the pleural sac, the synovia, the endocardium, and the cerebral meninges, It cannot be washed out. The system must be so changed by applying drug-dynamis to disease-dynamis that nature will set up her own barriers against further invasion and drive out the devils.

Give nature a chance. Antidote her dyscrasia. By right living, change of air and scene in extreme cases, and the administration of the moderate or high attenuation of the most carefully selected constitutional remedy, the "everlasting drop" being altogether overlooked, if need be, in the search therefor, the case may be cured. Flushing the urethra in the early stage of gonorrhea has its uses but it also has its abuses and danger; so likewise medicated injections in the latter stage, in the hope to thus get rid of this "everlasting drop," are not only likely to disappoint us, but are also likely to do the patient positive harm. His ailment has engrafted itself upon an enfeebled constitution, upon a diathesis of some sort from the sins of his parents, even to the third and fourth generation, and only by careful and systematic constitutional treatment can he be cured as he should be cured.

With the conscientious, painstaking homeopathic prescriber the "everlasting drop" should not be an everlasting thing. It can be cured. And if any one knows any better way of curing it than by the uprooting of constitutional taints by accurate homeopathic prescribing the pages of the Medical Century are open unto him.

IMPROVED SITUATION IN NEW YORK.

To "the stranger within the gates" a very gratifying improvement is observable in things homeopathic in New York. The college is being conducted upon a broader basis, there is a greater degree of unanimity of action among the profession than there has been before, the alumni association has been brought to make the interests of the college and hospital to a large extent their own, and the atmosphere has cleared within a few years to a degree readily noticeable to the local profession and to outsiders who have known of the local situations. At no time in recent years has the outlook been more favorable than now. The college has a large and intelligent class. The surgical hospital donated by Gov. Flower affords a most excellent clinical school in emergency and general surgery. In the former department it is especially helpful, since its ambulance service has enabled it to bring in cases from over the surrounding territory, the city having adopted it as a part of its emergency corps, thereby giving it a practical value it would not otherwise possess. The new hospital affords good clinical facilities for the medical students, while the dispensary clinics, though not as large as it has been hoped they would become, bring before the classes ample material in almost

all the lines of general prescribing. Taking these advantages together they are a great improvement over those prevailing in former years.

But perhaps the chief improvement, the one upon which to build the greatest hopes for the future, is the winning to the college and hospital of the alumni association and the younger and vigorous and growing men of New York, who heretofore have felt themselves but indirectly connected with hospital and college interests. The older members of the faculty, full of years and honor, have served the profession long and well. The college can bring nothing more to them than it has already brought, while in the changed order of things college-teaching has been so enlarged and made so much more laborious than formerly that the infusion of new talent in good plenty has been made an absolute necessity. New York's faculty have recognized the force of these situations, and have met the emergency by a liberal policy which has brought good to the college already and which will most certainly secure a better state of affairs than formerly prevailed in New York for all time to come. New York is coming to the front.

THERE BE NEED FOR A CHANGE.

The undercurrent of dissatisfaction with many of the policies of the American Institute of Homeopathy has at last taken expression in words of outspoken disapproval through several of the medical journals, and the time has come when the facts must be looked full in the face and such changes be made as will meet the requirements of present-day situations. More than once has this journal and the American Homeopathist, and not with collusion, called attention in mild words to the necessity for improvement in several important directions. These suggestions have not been given due consideration by the powers that be, and it has even been whispered that they have been ill-timed and not justified by sentiment in the Institute. Now, however, other journals are speaking out in terms of sharp criticism and absolute disapproval of many of the Institute's practices, and it would be manifestly unwise to longer withhold the penetrating rays of an honest search light and continue the deceptions we have been practicing upon ourselves in believing the policies of the annual meetings to have been always perfect and that no improvements thereupon are possible.

The meetings are too long. Not half, hardly a third, stay them through. As the Medical Arena has expressed it, a nine-day session is enough to kill any organization of this kind, and the meagre attendance of the closing days furnishes a strong temptation to railroad through many a measure that in full meeting would not receive consideration. The sessions should be made to begin with the public exercises and formal openings on Monday night. Tuesday, Wednesday, Thursday and Friday should be given over almost wholly to scientific work and the Institute should adjourn by noon on Saturday. It is believed this will afford ample time for all the work the body can properly attend to, with anything like a uniform attendance the session through.

The scientific work should be given first place on the program. Commencing at nine in the morning one of the more important sections should have the entire day, if required, with the exception of perhaps an hour or an hour-and-a-half immediately after the noon hour for the transactions of miscellaneous business. The members do not attend the early hour business meetings. They would attend early hour scientific sessions. That's what they go for. Then, too, by holding the business sessions immediately after lunch there would be a much larger attendance thereupon, and thus the profession generally would get more closely in touch with the general work of the Institute.

The evenings could be given up to the less generally important sections; it is even possible to so arrange a program that two sections, not closely allied in nature, might be held at one time without conflict. The major sections, Materia Medica, Practice, Surgery and Gynecology, Obstetrics and Pedology, could each be given a forenoon and an afternoon session, while Ophthalmology, Neurology and Electro-Therapeutics, Sanitary Science and Hygiene could each be assigned an evening, continuing far in the night if required, and even lapping over until the succeeding evening, these topics not conflicting to any considerable extent.

Surely there is wisdom enough in the executive committee to arrange a matter like this satisfactorily. Condensation and not expansion should be the watch-word. It is purely a matter of detail.

Perhaps the most important point for consideration in this connection is the number of papers to be assigned each section. These should be limited to a half-dozen or eight for each section. Under present arrangement there is a great lack of uniformity in this regard. Some sectional chairmen will call for twenty or more papers while others will present but a third of this number, or less. A half-dozen or eight good papers, the authors being selected with reference to their ability to give the Institute papers of a high order of merit for the purpose of developing practical discussions led by selected disputants, will be a great plenty for the thinking member; in fact, he who attends several of the sectional meetings will be omnivorous indeed if he properly takes in and assimilates the values of forty or fifty good medical and surgical papers in a single week. Fewer and better, in all the sections, should be the rule.

One of the greatest abuses is the duplicature of work by a few members from year to year. Here is just where the greatest complaint lodged against the Institute lies. The same men appear on the committees and programs from year to year. No standing committeeman should hold more than one important place at a time, nor should any member serving on a section be privileged to serve on that section again for a period of at least three years. This plan would have the effect of developing the

talent there is in the general membership, to say nothing of arousing a more general interest and giving us greater variety of program from session to session. As now arranged practically the same men serve in surgery, gynecology, practice, materia medica, pedology, obstetrics, etc., year after year. Our name has been on the surgical bureau three years in succession. The names of many others have been on other sections for five or more years in succession. A few members have been holding on the standing committees, and worse, on several of them at a time, for "lo, these many years;" all of which is wrong and calculated to cause dissatisfaction among those who are less aggressively inclined and, therefore, overlooked in the make-up of the committees and sections, but who have like rights with their less modest fellows and who are willing to work if called upon.

To recapitulate, the sections should be reduced in number, consolidation being practiced wherever the topics are closely allied; the numbers of papers presented in each section should be much less than now; no member should be allowed to serve on any section more than once in three years, nor be permitted to serve on more than two sections in succession; no member should be permitted to hold appointment on more than one standing committee.

There should be adopted at Omaha such by-laws as are required to secure these or like reforms. And the executive committee for the next meeting should anticipate such action in so far as possible, and so arrange the program that there will be a large attendance of members at each business meeting, that there shall be no conflict between allied sections, that the more generally important ones shall have plenty of time for the transaction of their work, and that we may get through our business and be able to go home at the end of the week. If the psalm-singing brethren want to stay over Sunday to hear the reverberation of their own melancholy voices in a memorial service which is with them a joy and pleasure, as well as a life tenure, let them remain. No doubt they would be accommodated by some of the churches; and no doubt the Monday papers will be glad to publish their mournful eulogies if these are, as usual, furnished in advance. The rest of us can hold our memorial service at the noon hour of Wednesday or Thursday, or at an evening session, can transact all the legitimate business of the Institute, enjoy a practical and profitable five days' session and go home to our firesides and our patients. Let us restore the Institute to its old-time usefulness and enjoyability and anticipate the demands of the great mass of members before the dissatisfaction and lukewarmness extend any further.

AN EGREGIOUS BLUNDER.

The Des Moines Homeopathic Medical Society has made an ass of itself. At its meeting of September 21st it resoluted itself into a degree of ridiculousness seldom equalled and never excelled, by sitting in judgment on the work of the Inter-Collegiate Committee of the American Institute and voicing utterances which are as far from the truth as it is well possible for them to be. It whereases that a report was made at Buffalo upon the application of Dunham Medical College; that the report of the sub-commitee upon this college was received "without protest or rebuke, in spite of its obviously puerile and malicious character;" and resolves that it "views with serious alarm and deep mortification the readiness of the Inter-Collegiate Committee, as well as its sub-committee, to give way to petty pique and abandon itself to cheap and mendacious abuse, instead of maintaining that unprejudiced and judicial attitude which should rightfully be expected of it." It also resolves "that the profession, through its National, State and Local societies, should put into practical execution its disapproval of persecution of the younger by the older colleges." It further affirms "The disgraceful report of its sub-committee is but a single illustration in a single case of what has been going on for twenty-five years, in countless ways, to the detriment of deserving colleges."

Was there ever issued by a homeopathic society a more false and puerile statement than this Des Moines society has evolved? We doubt it. Leaving out the merits of the Dunham case, consider for a moment such a statement as that in which it is said that the Inter-Collegiate Committee of the American Institute has given way to "petty pique and abandoned itself to cheap and mendacious abuse." Can any member of the Institute who knows the composition of that committee, made up of two delegates from every recognized homeopathic medical college in this country, imagine it guilty of such iniquitous sins? Not a bit of it. The language the Iowa society uses is that belonging to ward politics; it is deserving of notice only to be condemned. If the Des Moines profession can be brought to realize the falsity of their condemnation they will retract this indictment against one of the best composed and most honorable of all the Institute's standing committees. They should not be asked to do it; it should come without the asking. The premise is alike unworthy their local society, the national committee and the entire profession.

The inference that the older colleges have been persecuting the younger colleges, through the Inter-Collegiate Committee, is absolutely untrue. For instance, Hering College, Chicago; the National College, Chicago; the Denver Homeopathic College, the Kansas City Homeopathic College, the Louisville College, and the last recognized, the new homeopathic college at Kansas City, have all received the recognition of the Inter-Collegiate Committee, with full membership therein, without prolonged probation, several of them upon first application. In fact, we do not know of a single instance wherein a homeopathic college has been declined recognition by this committee except in the case of Dunham College. There is no denial of the facts

upon which its action was based. It is a well-known fact that several of her leading teachers have oft decried the Institute, styling it a "mongrel" body, an "unhomeopathic association," and have otherwise belittled it and denied its importance and value. Were there no other reasons why a college which denounces the national association should be refused the moral support of that body's recognition, its self-respect should cause it to withhold it until such college assumed a different attitude toward it.

The assumption that for twenty-five years the Inter-Collegiate Committee has been pursuing the younger colleges is as untrue as the remaining positions of the Des Moines society. It has carefully fostered and guarded all our educational interests; it may be true that in some instances it has had to bring derelict colleges to taw for the general professional good; but in these instances, even, time has shown that the help the Inter-Collegiate Committee has given us has been of incalculable value. To it more than to all else are we indebted for the three-years course, and subsequently for the four-years course of instruction now uniformly demanded of our colleges. Through its efforts in this direction the old-school colleges have also been brought to a better standard of proficiency. At times we have, individually, we mean, thought the committee moving too rapidly toward a higher goal; but when we consider that it is a committee made up of delegates from all the homeopathic colleges, that each college appoints its own delegates, that they sit in deliberation upon their own affairs, and that their recommendations have in each instance been voted upon by the entire Institute in open session, it seems ridiculous to charge to the committee's doors that it has ever done anything that the colleges themselves and the profession whose colleges they are have not demanded and approved.

The Des Moines society is off its base. It has allowed its respect for and sympathy with one of its members, who is also a member of the faculty of the unrecognized college, to get the better of its judgment. It has whereased and resolved without sufficient knowledge of the facts to enable it to do so intelligently. It has offered insult and indignity to one of the best of the Institute's working and practical commmitees, whose labors speak their own story of usefulness and integrity, and to the Institute itself. In short, it has made a ninny of itself.

THE HOMEOPATHIC JOURNAL OF SURGERY.

Beginning with January, 1898, the Medical Century Company will issue the Homeopathic Journal of Surgery, a journal devoted wholly to the consideration of surgical topics. It will cover the fields of general and operative surgery, surgical gynecology, obstetric surgery, orthopedic surgery, and surgery of the special organs. At present the consideration of these topics is scattered through our thirty or more journals. It will be the aim of the new periodical to present a large number of special contributions through the year, and to concentrate in its pages the best thoughts of the surgeons of our own and the old school as presented in the journals of both.

It is believed there is a field for such a periodical and that it is due the profession that our surgical productions should be so concentrated, even though presented originally in scattered form, as to be readily available without having to search our periodic literature through for them. The homeopathic school has a surgery all its own, a surgery of which it has no need to be ashamed. And its therapeutics have possibilities in surgical diseases and states which enable us to meet these conditions ofttimes with excellent results. Our surgery and surgical therapeutics will receive exclusive consideration in the new journal. Not a line on any other topic will appear in its pages. It is to be in no sense a medical newspaper, in every sense a high-class surgical periodical, devoted wholly to surgical topics.

As demanded, the pages of the Homeopathic Journal of Surgery will be illustrated with cuts, halftones and colored plates. It will be printed on a high quality of paper which will bear illustrations to advantage. Its subscription price will be five dollars per annum, payable in advance, or collectable by bank drafts on the 1st of January of each year. Its club-rate with the Medical Century will be one dollar less; that is, subscribers to the two journals paying for them in advance will receive the Medical Century, $3.00, and the Homeopathic Journal of Surgery, $5.00, for $7.00.

The initial number is well under way and will contain contributions from several of our ablest surgeons which alone will be well worth the price of the volume. Subscriptions should be enrolled at once, as the cost of publication will prevent the carrying over of any considerable number of copies for the completion of files of late subscribers.

Editor's Table.

GENERAL NEWS-NOTES AND ITEMS.

Dr. Charles H. Hibble, of Kensington, has located in Baldwin, Iowa.

New Oregon, New York, has recently suffered a severe epidemic of diphtheria.

Dr. Williamson has returned from Michigan and is now located in LaGrange, Ill.

Dr. O. R. Bonnewitz, of Van Wert, Ohio, is thinking of locating for practice in New York.

Dr. A. H. Wales, 4302 Ellis avenue, Chicago, recently accompanied a patient to Old Point Comfort, Va.

Dr. Emma C. Wood, recently of Ravenswood, has moved to 2941 Kenmore avenue, Edgewater, Chicago.

Dr. F. Schewermann, of 191 North avenue, has moved his residence to Avondale, a suburb of Chicago.

Dr. J. Kent Sanders attended Gen. Butterworth during his late illness, so extensively heralded by the associated press.

Glass for the filling of teeth is said to be a great success. It is prepared by some process which renders it malleable.

Dr. A. W. Saxton, formerly a member of the Michigan Legislature, has been appointed on the state board of pardons.

Dr. W. A. Farnsworth has moved from Grand Rapids to Saginaw, E. S., Michigan, with headquarters at 419 Johnson street.

Dr. Fred J. Lewis, whose former home was in West Farmington, Ohio, has moved to Cleveland with an office at 1854 Pearl street.

Dr. F. S. Hiller, of Grand Rapids, Michigan, has changed her office from the Gilbert to the corner of Washington and Madison avenues.

Dr. George F. Washburne, Chicago, has the Klondike fever, and has arranged to go with a party to the frozen regions of the far Northwest in March.

Dr. H. T. Holden has taken up residence at Norfolk, Nebraska. Dr. Holden, whose former address was Omaha, reports good prospects in his new field.

Dr. W. H. Hanchett, Omaha, has been appointed supreme medical director for the "Knights of the Forest," a fraternal beneficiary order of the Western States.

Dr. Frank E. Creal, a so-called bogus doctor, was recently arrested and tried for practicing medicine unlawfully at Lockport, and was fined two hundred dollars.

Dr. S. N. Watson has been appointed assistant professor of clinical medicine by the Iowa Homeopathic Medical Department at the University in Iowa City.

Dr. Edward Vincent, Springfield, Illinois, was married at the Church of the Messiah, Chicago, to Miss Adelaide Harding,, of 3230 Forest Avenue, on November 3d.

The essayists of the Homeopathic Medical Society for December are Drs. Clifford Mitchell, E. M. Bruce and W. S. White. The subject of their essays are yet to be announced.

Dr. W. J. Hawkes, Chicago, was laid up a week or two last month from a bicycle accident, resulting in an infected wound of the leg. Fortunately, he carries a good accident insurance.

Dr. J. C. Spencer, bacteriologist to the San Francisco Board of Health, is reported to have discovered the bacillus of tuberculosis in speciments of Chinese-made cigars examined by him.

Dr. Riddle, of Joplin, Mo., visited Kansas City recently, where he purchased a Rose & Ray static machine. He will henceforth devote his attention to X-ray work and the ozone treatment.

Appropos the life insurance question it is noted that Dr. A. P. Williamson, dean of the homeopathic department of the University of Minnesota, has been appointed for the Pennsylvania Mutual.

We trust now that the editor of the Homeopathist has set forth plainly just what he wants, subscribers and readers will respond to his call at least as liberally as to the Hospital Bulletin's requests.

There has been a slight decrease in the number of medical students in the German Universities this year, though the college population is still large enough, there being 8,232 students all told.

Dr. Chester G. Higbee, of St. Paul, recently suffered a severe injury of the kidney from lifting a heavy weight, necessitating an operation by Dr. Chislett, of Chicago, for a large hematoma.

The Mother Bickerdyke Home and Hospital, at Ellsworth, Kan., was dedicated Oct. 6. It is to furnish a home for needy women and children whose husbands and fathers served in the civil war.

Mr. F. P. Morse, of the Hummel Advertising Agency, visited St. Louis and other Western cities recently, and then went on to San Francisco in the interests of his firm and their journal friends.

Dr. W. M. Trowbridge, late interne Cook County Hospital, Chicago, was married on Tuesday, November 2d, to Miss Regina Lindemann, of Viroqua, Wisconsin, where Dr .Trowbridge is now located.

Grand Duchess Olga, the little daughter of the Czar of Russia, is said to be the richest baby in the world. The week she was born, $5,000,000, invested in English and French securities, was settled upon her.

The Medical Century notes with sincere regret the death of Dr. A. L. Hummel, of the Hummel Medical Advertising Agency, New York, who died from tubercular meningitis in Denver on the 23d ultimo.

A physician in a good Michigan town of fifty thousand people will introduce a good successor upon exceedingly favorable terms if the right man will apply through the Medical Century. Must be a man of experience.

A medal, to be known as the Nicholas Senn Prize Medal, will be awarded at the annual meeting, in 1898, to that member of the American Medical Association who shall present the best essay upon some surgical subject.

One of the graduates of a Philadelphia medical college has just been appointed physician in ordinary to the household of Li Hung Chang. The noteworthy fact is that this physician is a woman, the daughter of a mandarin.

A most malignant epidemic of typhoid fever is now ravaging Mardstone, England. Fifteen hundred, out of a population of twenty-two thousand, have been laid low by the disease. Let Mardstone look to her water supply.

Dr. A. H. Schott, of St. Louis, had an interesting experience with a footpad recently. We are glad to be able to record that Dr. Schott was easily master of the situation, the foot-pad being put to rout by the Doctor's sword-cane.

Dr. A. C. Barlow, a veteran homeopath of Northwestern Ohio, died at the Toledo Homeopathic Hospital recently. Dr. Barlow was one of those early workers who stood much of the brunt of the battles that have made it easier for us.

The Health Board of Paterson, New Jersey, is making a strenuous effort toward sanitation. Aided by the police of the city their last endeavor is towards enforcing the law which forbids any person dealing in ice cut from filthy ponds, lakes and rivers.

Dr. Hirschfelder, a prominent and ethical old-school physician of San Francisco, has announced a new cure for consumption for which he is making great claims. It is called oxytuberculine and sells for five dollars a bottle—an expensive "sell" for these days.

Asheville, North Carolina, is likely to have a new hospital for the treatment of consumptives. The institution will be a beneficiary of Mr. George W. Vanderbilt, to the extent of $100,000, and if the proposed plans are put through will be one of the finest hospitals in the country.

Denver has a girl boot-black in the person of Miss Lu Verne Halle, one of the cleverest of the class of '97 graduates from the East Denver High School. Miss Hall has opened a boot-blacking establishment on Sixteenth street in order to raise enough money to enter Vassar College.

The American Public Health Association held its twenty-fifth annual meeting at Philadelphia last

month. Yellow fever received a good share of the attention of the delegates. As usual with the deliberations of this association, nothing specially beneficial in this relation was evolved.

Nebraska has recognized homeopathy in two state appointments, made by Gov. Holcomb, those of Dr. C. G. Sprague, of Omaha, physician in charge of the Institute for Feeble Minded at Beatrice, and Dr. Leonore Parker, of Lincoln, as physician to the Home for the Friendless at Milford.

The Minnesota Medical Magazine deprecates the dropping of the distinctive title of the Southern Journal of Homeopathy. Likewise others of us. The Magazine will probably have likewise deprecated this action on the part of the late Denver Journal of Homeopathy by this time.

The homeopathic department of the University of Minnesota has an enrollment of twenty-six students this year. This institution has never been patronized by the profession of Minnesota and adjoining states as its curriculum and merits deserve. Our state schools should be our pride, everywhere.

Dr. T. L. Macdonald, Washington, is home again from "foreign shores"—his bridal tour—and announces that he will soon have a budget of surgical sayings for the Medical Century. Our readers will rejoice to know that Dr. Macdonald will keep right on contributing for this department, as before.

Dr. J. N. Downs, Ottawa, is suffering the annoyance of a malpractice case prompted by the prejudices and rivalry of the old-school profession. The "Meddlesome Matties" are not all dead yet, but it is believed those behind Dr. Downs' troubles will wish they were when they get through with this case.

The Northeastern Homeopathic Medical Society, Dr. C. E. Sawyer, of Marion, president, will meet at Toledo December 7th. An interesting program is being prepared and a large attendance is anticipated. This society is said to be much like the Western New York society in the practical nature of its meetings.

While Mr. Ernest Hart, he of the British Medical Journal, cannot count his American friends by the score, there will no doubt be many to regret the extreme misfortune which has recently befallen him. He has been obliged to submit to an amputation of the leg, owing to necrosis of the bones of the foot.

A great deal has been written from time to time concerning the usurpation of men's industrial domain by women. The latest is a case of reversion. Men are becoming kitchen maids. The men are Armenians, who are finding homes in the kitchens of Americans and proving efficient servants there.

And now the Denver Journal of Homeopathy, which has recently been coming more prominently before the profession than ever before, has gone and changed its name to the unmeaning one of "The Critique." Mistake, Bro. Smythe; your old name meant and stood for something. The new one—?

The Rock Island society passed a series of highly complimentary and regretful resolutions upon the occasion of the departure of Dr. Kinyon for Ann Arbor. Dr. Kinyon has been president of this society for four years and has had practically the entire surgical and gynecological practice of its neighborhood.

Miss Alfreda Hilda Gamble and Miss Janet Stokes Greig have been appointed medical resident officers in the hospital of Melbourne, South Australia, in accordance with the custom of annually appointing to that position the students who had the highest standing in the final honor examination of the university.

The Big Four announces as good locations for all around liberal homeopathic doctors Wellington, Winfield, Caldwell, Oxford, Arkansas City, Erie, Eldorado, Yates Center and Belleville, all in southwestern Kansas. It also mentions Macon, Unionville, Palmyra, Savannah, Tarkio and Harrison, Missouri, and Hamburg, Iowa.

Messrs. Knecht, Bullard and Roblin, attorneys in the First National Bank Building, Chicago, have added a department of professional men's collections and will give prompt attention to the gathering in of the physician's hard-earned shekels. This firm is in every sense a reliable one and worthy of the confidence of the local profession.

The MacIntosh Battery and Optical Company, Chicago, have recently issued a neat illustrated catalogue of value to the physician contemplating investing in electrical outfit. These are electric days and as new inventions are being offered us constantly it may not be amiss for the profession generally to send for this latest catalogue.

The Chicago Medical Society has leased a suite of meeting and committee rooms in the Stewart Building, corner State and Washington streets, for public medical meetings. It is said the rooms are admirably adapted to the purposes and that there will be an effort to concentrate all the medical meetings of the city therein. Good idea.

According to the statistics in France there were fourteen thousand orphans in that country in 1893, and seventy-nine thousand foundlings. In this connection it may be said that the French were the first in founding institutions for the care of the homeless young, the institution of Les Enfants Assistes de la Seine dating back to the time of St. Vincent.

The homeopathic department of the University of Michigan reports fifty-nine students this year against forty last year, the number of freshmen enrolled reaching the creditable list of twenty-eight. This is certainly a satisfactory showing for this almost dehabilitated school, whose faculty and loyal friends are to be felicitated and congratulated.

The Surgeon General of the Navy in his annual report recommends that to meet the new conditions of modern warfare an ambulance ship be put in service to accompany each squadron when in active service. The report also includes the recommendation to establish a hospital corps for the navy. These recommendations will be acted upon at an early date.

According to Medical Progress, "the most humiliating come-down for the bacteriologist is seen in the attitude he is forced to sustain relative to the diagnostic value of the Klebs Loeffler bacillus. This bacillus is now regarded as not at all diagnostic of diphtheria, and its presence is given no particular significance in this regard by any well-informed man in London."

Dr. Sarah J. Millsop, Bowling Green, Ky., got all ready to attend the late Institute meeting, even to a new and attractive gown, but was prevented by illness in families she could not leave. But she just put her hand down in her pocket and contributed to the monument fund the money the trip would have cost her. That's the way to build that monument. Less talk and more money and it will soon be completed.

A good number of recent publications and new editions of standard volumes are on the table for review and will be given ample notice in the January issue of this journal. During 1898 better attention will be given this department than in the past, in the combined interests of the book publisher, the book buyer and the book reader. It has been sorely neg-

lected within the last year but will be no more forever.

When the Moscow International Congress was greeted by Prince Gallitzen, the Mayor of Moscow, he took occasion to announce that the City of Moscow had decided to establish a prize of five thousand francs, to be awarded at each International Congress for all time to come, to the person who in the intervening time since the preceding Congress should have done that medical work of the greatest benefit to humanity.

The University of Michigan shows an increased enrollment this year over last, in all its departments, of 298. Of this number the old-school medical department claims none; in fact, it has a falling off of 18; the homeopathic medical department, on the other hand, shows an increase of seventeen over last year. Its freshman class for 1897 is twenty-eight in number, the largest but one of its history. Rah! Rah! Rah! for Ann Arbor!

Kansas City has organized a polyclinic which will commence its work in March. Dr. Wm. Davis Foster is secretary of the Executive Board, which anounces that it will name the full faculty in due time. Arrangements have been and are being made to make the course at the polyclinic instructive to the last degree, covering clinics in all departments of medicine and surgery. This is the first effort of this kind in the homeopathic school in the West.

At a meeting of the faculty of the Chicago Eye, Ear, Nose and Throat College, held Oct. 1st last, three new professors were added to the faculty, viz.: Drs. H. W. Woodruff, William A. Mann and William H. Weaver. Drs. J. G. Huizinga and Edward M. Webster were elected to full professorships. The faculty deemed this step advisable in order to give the proper care to the increasing clinic and to assure the students the greatest amount of attention.

The Medical Counsellor, Detroit, recently sought reports from various parts of the United States about the experiences of homeopathic physicians in diphtheria. Replies were received covering 1,030 cases, giving 76 deaths, a rate of 7.38 per cent. An allopathic return, as gathered by the journal bearing the name "Pediatrics," reports 1,972 cases in Boston treated with antitoxin, with a death-rate of 13.4 per cent. Here is something for the old school to ponder over a little.

It is remarkable how many physicians having put pen to paper in the interests of disease push their literary efforts into the domain of romance; of these Weir Mitchell easily leads, with the author-physician of Bellevue a close second. Dr. King of Kansas City has met with a good measure of success in his recent book, and the last comer, Dr. Skene, whose book on Diseases of Women has made his name fairly familiar to the profession, is also accounted successful as a novelist in his book "True to Themselves."

Miss Lombroso, the daughter of the Italian professor, has written a volume the title of which is "On the Happiness of Women." The lady has made a study of a hundred women, married and unmarried, and comes to the conclusion that women generally are happier than men. There are two phases in women's lives the lady believes she has determined—one is that love-making and maternity are the essential and decisive elements of happiness; the other is that moderate means are more conducive to happiness than riches.

Dr. L. L. Button, 45 South Clinton Street, Rochester, has accepted the position of Rochester correspondent of the Medical Century and will give the journal a series of Rochester Reflections throughout the year. Dr. Button is a graduate of the New York Homeopathic College and served a year as interne at Rochester's homeopathic hospital. Courtesies and news-items by the profession of Rochester and vicinity will be greatly appreciated at the Medical Century office. Dr. Button will cheerfully avail himself of information imparted to him for the Century's benefit.

Dr. Susan A. Edson, at one time a prominent homeopathic physician in Washington, D. C., and connected with the case of President Garfield, died November 12th. Dr. Edson was much respected by the martyred president and was with him a great deal, more, however, in the capacity of nurse and friend than that of medical adviser, during a great part of his last illness. For some years past she has not been actively engaged in general practice, having accumulated a snug fortune. It is said of her that she never presented a bill for medical services, trusting entirely to the gratitude and voluntary compensations of her patrons.

The Victoria Diamond Jubilee Association, of Chicago, has raised $7,000, to be distributed among Chicago hospitals. St. Luke's Hospital will receive $3,000; the Presbyterian Hospital, $3,000; the Mary Thompson Hospital, $500; and the Maternity Hospital, $500. The association asks that the hospitals name the bed, room or ward thus established in honor of Queen Victoria. As a memorial of the same event the Americans residing in England have endowed a bed in perpetuity in each of the five leading London hospitals, each bed being endowed with the sum of £1,000. The beds will be especially for the use of Americans, but other patients may be received if all the Americans are well.

At a recent meeting of the trustees of the Cincinnati General Hospital it was decided to eliminate the word "regular" as applied in the rules and by-laws in connection with the internes and house staff. Hereafter all graduates in medicine, no matter what their school, will be allowed to appear for examination. As a graduate of the St. Louis college recently won his way into the St. Louis City Hospital so should graduates of Pulte Medical College now take the examinations and secure appointment in Cincinnati's great hospital. Our friends have worked long and faithfully to have that word "regular"—a misnomer at best—eliminated and now that they have succeeded should turn the account to practical value.

Wihout predilections in favor of or prejudices against the new method known as osteopathy the Medical Century admits to its advertising department the announcement of the Quincy Osteopathic Institute, wherein is set forth the supposed advantages and merits of this new method of treating sick people. The originator of the Quincy Institute was for several years an old school physician, a graduate of Rush Medical College, then a homeopath, a graduate of Pulte. While practicing homeopathy he and the editor of this journal were in partnership for nearly two years. In accepting the advertisement it is with the knowledge that Dr. Davis is honest and capable and that he believes all he essays to teach and practice.

The preliminary announcement of the Homeopathic Journal of Surgery is being received with a good deal of favor and many advance subscriptions are already being recorded. There has been a special journal in the department of obstetrics for many years, two journals devoted to the eye, ear and throat, a special journal of orificial surgery, and a

special journal of electro-therapeutics; surely there is room and place for a special journal devoted exclusively and absolutely to surgery and gynecology. Those surgically inclined, as well as all who are interested in the presentation of homeopathic therapeutics and general medical measures as applied to surgery, will do well to enroll immediately and thus secure complete files of the new journal. It will be a thing of beauty and a joy forever.

Dr. W. D. Young, Buffalo, secretary of the Western New York Homeopathic Society and one of the rising young members of Buffalo's profession, has accepted the position of Buffalo correspondent for the Medical Century and will give the journal an occasional Buffalo Budget about the profession of his city and Niagara Falls and vicinity. Dr. Young is a most efficient secretary and will doubtless make an equally efficient correspondent and news-gatherer. We hope the profession of Buffalo will keep in touch with the balance of mankind through his efforts for this journal, and that through its columns we may hear much of their work throughout the year. The Ladies' Hahnemann Monument Committee are especially authorized to avail themselves of this opportunity to reach the profession through the Medical Century's pages just as often as they may wish to.

It is to be hoped now that the medical profession's efforts are being strenuously exerted against the over-education of the young that parents themselves may by and by become sufficiently educated in common sense to put a stop to the eternal cramming of young children and youth. It is a significant fact, as indexed in the various lay periodicals of the day, that prominent educators are also beginning to take the matter of education more scientifically and are endeavoring to get curricula upon more logical bases. The sway of classics is almost at an end in the larger institutions of learning, both in America and England, and the day is almost done when we must know a little Latin and less Greek, and the day has almost begun when we must know of the scientifically practical, a great deal more, and of the methods for their most efficient acquirement more yet.

Just keep an eye on the Medical Century for 1898. Its editor is fully recovered from his severe illness and threatened breakdown, its subscribers are paying for it rather more promptly, as a rule, than ever before, its advertising patronage is constantly on the increase at increased rates, its New York office is proving a decided success, and, best of all, too, representative men in the profession all over the country are contributing more freely to its pages than ever in the past. It does no padding with society-read articles from months to years old, but gives its readers the very latest thoughts of its contributors, in nearly every instance prepared especially for its much larger audience than any medical society in this country is able to gather together. Look out for the Medical Century for 1898. The improvements under contemplation will please the profession, we feel sure, while the better class of contributions it proposes furnishing as it goes along will certainly be very helpful.

The Malthusian doctrine of limiting the population among the poor never finds a more cogent raison d'etre than in facts like the following: As a result of an elaborate inquiry made into the earnings of school children, investigation having been made in the cases of sixteen thousand boys and ten thousand girls, attending fifty-four schools, it was found "(1) That there are grievous cases of overwork among these children; (2) that the overwork does make it impossible to obtain the best educational results; (3) that it is sometimes extremely demoralizing; (4) that the economic value of the work done is too small to be taken into account; (5) that farther regulation of the employment of school children not under the factory laws is desirable; (6) that the whole matter ought to be seriously taken up and thoroughly examined into officially, with a view to obtaining a completeness and accuracy of information necessarily out of reach of any unofficial council or association."

"Mr. and Mrs. John Miller Carson announce the marriage of their daughter, Adelaide Virginia, to Dr. Thomas Leslie Macdonald, on Tuesday, October the twenty-sixth, eighteen hundred and ninety-seven, Washington, D. C.," is the way it reads. Accompanying it is the card, "At Home, Tuesdays after January first, 1402 Massachusetts Avenue, Washington, D. C." It tells a story of the entrance into the holy and happy bonds of wedlock of our good friend Dr. Macdonald. The daily press tells of the beautiful ceremony which made Dr. Macdonald and his fiancee one soul, of the wedding breakfast of two hundred plates, and of their splendid start upon the voyage of life together. Our Washington colleagues write that the union is in every way a blissful one, and that they join their friend and colaborer as one man in wishing for him all the blessings that can possibly come upon one so fully worthy of the best that life affords. The Medical Century's old shoes and bags of rice were thrown at Dr. Macdonald long ago.

There has recently been a meeting of a half dozen homeopaths and as many eclectics and allopaths at Topeka which has been heralded as a "coming together" meeting of the three medical sects, but which seems to have been a coming together only as there appears a desire to get together on the topic of medical legislation, chiefly with reference to the parcelling out of the offices along this line. All other topics were forbidden discussion, the conference being wholly a legislative one. We had such a conference in Chicago a few months ago and everybody connected with it, no matter what his pathy, has been kicking himself ever since for having gone into it. Our Kansas friends would do well to take warning by Illinois' experience and let these fraternal gatherings severely alone. The proper gathering of the fraters for medical and surgical discussions is commendable and should be encouraged. But whenever we hear of a combined legislative conference we feel like prying up one corner of the chip in search of the "nigger." He's there, every time; and dollars to doughnuts he was under the chip at Topeka.

A physican of this city sends in to the Medical Century an interesting account of a case of what he suggestively names "book-keeper's indigestion." The case in point was that of a young bank clerk who was the victim of a most aggravated and stubborn digestive disturbance. The symptoms, which were very persistent, were nausea, sensation of pressure, soreness of stomach, regurgitation and constipation. The young man was obliged to lose two or three days of each week from his business, was getting increasingly emaciated, and securing absolutely no relief from remedies which seemed strongly indicated. One characteristic of his case finally impressed itself upon the physician; this was an amelioration of the soreness after the young man had remained at home for a day or two at a time. One question led to another until it was learned that the boy's constant daily position was seated at a desk, bent over a large skeleton ledger whose corner

pressed against the abdomen hour after hour. Acting upon the advice of the physician the young man secured a transfer to the pay-out department, where he could stand at his work, and the indigestion speedily became a thing of the past.

Here is an epitome of the philosophy of the late Barney Barnato as summarized by him in conversation with a friend:

"'If you are going to fight, always get in first blow. If a man is going to hit you, hit him first and say, "If you try that I'll hit you again." It is no use your standing off and saying, "If you hit me I'll hit you back." D'ye understand?' 'Yes, I understand,' I answered; 'but you are quoting Kingsley in "Westward Ho;"' 'Who was Kingsley and "Westward Ho?"' he sharply queried. After I had explained and quoted the passage from Drake's letter to Amyas Leigh, he said, 'Ah! I did not know anything of Kingsley, but when he wrote that he knew what life was and he was right and I am right, though it is queer for me to get a supporter in one of your parsons. If he were a true man he would also have to agree with our law of "an eye for an eye and a tooth for a tooth," but being a Christian of course he couldn't do that. Pah! never let a man wrong you without getting square, no matter how long you wait, and never wrong a man if you can help it, because he will wait his time to get back on you and at the worst possible moment. I don't care whether it is Jew or Gentile, it is all the same.'"

According to a recent article in the Nineteenth Century by Dr. Emil Reich, the Jews are actually moving back to the Holy Land, moving in two distinct groups, the religious and the political Zionists. Max Nordau, he of "Degeneration" fame, and Dr. Herzl may be considered as at the head of the political movement, while the expected Moses of the religious hegira has not yet appeared. The political Zionists held a congress at Basle, Switzerland, in August for the purpose of discussing their scheme and for organization. Dr. Herzl, in a pamphlet published last year in several languages, boldly advanced the idea that whereas the condition of the Jews in Christian countries is at present one of unbearable humiliation; and whereas anti-Semitism, or the engine of that general hatred and persecution of the modern Jews, is triumphant to a degree, so that no plausible means of stemming its tide can be, nor has been, suggested: be it resolved, that the Jews of all countries who, after all, are nothing but Jews, and have never, nor will they ever, really assimiliate with the nations among whom they live—that the Jews shall abandon the inhospitable fields of Europe, and, repairing to Palestine, there re-establish their ancient state. Nor is the great journalist at a loss as to the precise institutions, laws, constitution, etc., to be adopted by that new state.

NEW YORK NEWS-NOTES.

Dr. L. K. Shipman, of New London, Connecticut, spent several November days in New York City.

Dr. W. W. Seabury, of London, England, is one of the students at the Post-Graduate this term.

Dr. Bukk G. Carleton has been appointed consulting genito-urinary surgeon to the Hahnemann Hospital.

The Flower Surgical Hospital received and cared for several of those injured in the New York Central wreck at Garrison.

Dr. M. F. Faulkner, of Vineland, New Jersey, has been appointed pension examiner to fill the position on the Cumberland County Board.

There is a vacancy for a woman interne to serve in the Massachusetts Homeopathic Hospital from January 1, 1898, to January 1, 1899.

Dr. A. B. Rice, of Jamestown, New York, was in New York early in November. The Doctor, who brought a patient to the city, remained some ten days.

Dr. Bishop's fracture and dislocation lectures and clinics are among the most instructive and practical at the college. The senior class drink them in greedily.

It is whispered that Prof. Danforth is preparing a volume on obstetrics. It is not known how far along it may be nor when it is expected to be ready for the printer.

It is reported that Dr. H. M. Dearborn's skin clinics are the most instructive and practical in New York, not excepting the best skin clinics offered by the old school.

Dr. Walter Irwin, of Waukesha, Wisconsin, is in the city taking post graduate work at the New York Eye and Ear Infirmary, East Thirteenth Street and Second Avenue.

Dr. Charlotte E. Page, formerly of Lowell, Massachusetts, has moved to Braintree, where she has opened a home for the treatment and cure of feeble-minded children.

A quiet little man is Dr. Vehslage. But he will be heard from at no distant day, it is predicted, and in no uncertain sound. Occasionally still water runs deep, even in these noisy days.

Dr. J. Perry Sewerd, formerly representing the Medical Century in New York, is doing effective work in the line of materia medica journalism for the American Homeopathist.

Our Dr. Sherman has quite recovered from his recent severe illness and is again doing professional work. He was recently called from the city for a number of days in succession.

Dr. and Mrs. A. B. Norton are rejoicing in the recent arrival of a second "Dr. A. B." It is with regret that it is learned that Mrs. Norton is not fully recovered from a late somewhat serious illness.

Dr. Herbert S. Hayford has left Portsmouth, New Hampshire, his former home, and accepted a position as assistant physician in Dr. E. E. Smith's sanitarium for mental diseases, Kensett, South Wilton, Connecticut.

Boericke, Runyon & Ernesty are putting through the press a volume on nervous diseases by Prof. O'Connor, which exceeds in magnitude and completeness anything heretofore undertaken in that line in our school.

Dr. F. A. Faust, of Poughkeepsie, New York, was married to Miss Maud L. Sanderson November fourth. Dr. and Mrs. Faust are in this city for a stay of several weeks. After the holidays they will sail for a European tour.

Dr. J. F. Trull, of Biddeford, Maine, spent part of the months of October and November in post-graduate work at the Metropolitan, this city. Dr. Trull completed his work here and returned home about the middle of November.

Dr. Porter is busily engaged in the preparation of the Transactions of the Institute for 1897, and also in planning for a better arrangement of the program for the meeting of 1898. He never sleeps—until other men are about ready to get up.

The Polyclinic of the Metropolitan Hospital, which opened October first, is reputed to be giving unexpected satisfaction. The Wednesday clinics for fourth-year students and physicians have been largely attended. Material has been abundant and

the subjects have been presented in an interesting and classical manner.

The Polyclinic shut its doors to homeopaths a few years ago in answer to the demand of the jeans-trousers element attending from rural districts in the southwest. Now it is glad to get them back and allows no opportunity to pass to enroll the brethren.

Dr. Frederick A. Faust was married to Miss Maude Louise Sanders at Poughkeepsie, New York, Wednesday, November 3d. Dr. and Mrs. Faust will be "At Home" at 31 Cannon Street on Wednesdays after January 1st. The Medical Century's warmest congratulations are tendered.

Dr. St. Clair Smith had too much professional responsibility and labor during his recent trip to Europe to have been able to make much of a voyage of pleasure of it; nevertheless he succeeded in getting some good out of it. The vacation was very greatly needed and has proven restful to a busy and overworked man.

The different houses and the outer grounds of the New York Zoological Park, to be located in South Bronx Park, are to be kept in almost as aseptic a condition as the ward of a well-regulated hospital. Particular attention has been given in connection with this park to a complete system of sewerage and water supply.

Though his summer tour abroad was broken into by severe demands upon his time and energies through a cablegram from this side of the water calling him to Southern Europe professionally, Dr. Wm. Tod Helmuth has returned greatly rested and improved in health. It is commented in New York that he never looked better in his life.

Drs. Bishop and Neilson, at 46 West Forty-eighth street, have fitted up a sterilizing apparatus and surgical preparation room in the top floor of their residence-office, in which they make ready with their own dressings, bandages, ligatures, etc., thus insuring perfectness of preparation, the consciousness of which is very sustaining in the operating room.

The Long Island Railroad has constructed and put in commission a hospital car under the charge of Dr. J. Frank Valentine, the surgeon-in-chief of the company, and also the president of the New York State Society of Railroad Surgeons. The car is equipped with all the necessary modern surgical apparatus and can be quickly moved to any point on the road.

The streets of New York are "turned up" for miles and miles. Never in the history of the city has there been an unseaming of such vast extent. The city has a disemboweled look. In every block her great water mains, gas pipes, and other underground aqueducts lie exposed like mammoth arteries. The lay press is sounding a note of alarm at the danger of malaria, and seemingly with good cause.

Dr. Eleanor F. Martin, San Francisco, who is post-graduating at the post-graduate school on Twentieth street, enjoys the honorable distinction of being the only lady in attendance. She has no complaint to enter against the men for lack of gallantry, but, rather, attests that they are so courteous that her opportunities for observation and instruction are greater than if there were more of her sex in attendance.

In October one of the public schools in Hoboken was closed by City Superintendent Demarest, with the advice of Dr. James Grew, as a precaution against an epidemic of diphtheria. A child of the janitor, Frank Borin, who lives in the school building, is ill with diphtheria, and five mild cases have been reported among the pupils. There were about 1,000 pupils barred out temporarily by the closing of the school.

St. Vincent's Hospital, New York, is being sued by a former patient, Miss Helen Delancey Ward, for damages to the amount of thirty thousand dollars, because of injuries received by hot bottles applied to lier legs while still under the influence of an anesthetic, the injuries resulting therefrom being so severe that the use of one leg has been since impaired. The plaintiff is a sister-in-law of ex-Judge Henry E. Howland, of New York.

The profession hereabouts say that New York has three rising surgeons who are going to eclipse some of the older men as years roll by, and that their names are Helmuth, Jr., Bishop and Roberts. It will keep them busy to make for themselves the name and fame of the senior Helmuth; but there is a great future ahead for each of them in their respective lines of labor. The coming have the blessing and encouragement of the going.

Dr. T. Allen, of materia medica fame, who returned from his western trip some time ago, is again to be seen in the college halls and in his daily rounds as enthusiastic as ever. He seems possessed of the secret of longevity and eternal youth. An honorable, tireless and useful life has been his. He is beloved of the profession as are but few men, yet bears the admiration of a devoted brotherhood with the modesty of a blushing maiden.

A story attributed to Mayor Strong illustrates the results of the work of the Ladies' Health Protective Association: The Mayor saw a man standing at the door of a livery stable, complaining of the dirty condition of the place. "If you don't have this cleaned right away," said the man, "I'll report you to the Ladies' Health Protective Association." "Oh, for heaven's sake, don't," exclaimed the stable-keeper. "Come again next week and see if it isn't clean."

Boericke & Tafel's up-town pharmacy is considerable of a rendezvous for out-of-town physicians who come in via the New York Central and other lines landing their passengers at the Forty-second street depot. Fifth avenue and Forty-second street is getting to be quite a homeopathic corner. Not only are Boericke & Tafel and Boericke, Runyon & Ernesty located within a few doors of it, but Dr. Helmuth is but a door away and the Medical Century offices are on the northeast corner of the intersection, on the third floor of the Seymour building.

The Medical Times says that the attention of the Health Board should be called to the fact that the large water pipes which are being laid in Fifth avenue have been used by the workmen as a urinal, if not worse, during the protracted time during which this work has been going on, thus defiling the water supply to the level of a common sewer. The Times has seen this done from the window of its sanctum, and can substantiate the truth of the statement from personal knowledge. The pipes should be thoroughly flushed before being used by the public for drinking purposes.

On the 8th day of October more than 10,000 student were on the rolls as members of the first Freshman class of the Cosmopolitan University. The confusion into which the plans regarding the Cosmopolitan's educational work were thrown by the retirement of President Andrews, in order to meet the urgent wishes of his friends at Brown University, has been met by the acceptance of the Presidency by Dr. Eliphalet N. Potter. President Potter was at the head of two great colleges for nearly twenty-five years. The extraordinary dimensions of the

class thus formed have opened the eyes of the public to the importance of the gap in educational facilities which the Cosmopolitan has undertaken to fill.

CLEVELAND CULLINGS.

Drs. Biggar, Sr. and Jr., are doing a full share of general and gynecological surgery at the Huron street hospital these days.

Dr. J. Richey Horner, whose recent location in Cleveland has been noticed in this journal, is snugly ensconced in offices at 136 Euclid avenue.

Dr. J. C. Sanders has quite recovered from his long illness, which many of his old friends thought he might not survive. He is again actively in the harness.

The consolidated college is using the college buildings of the old and new colleges, which back up against each other, to good advantage, the demands being great enough to make both necessary.

Dr. J. C. Wood is busy with the proof-sheets of the new edition of his Text-Book of Gynecology. He has sufficiently recovered from his recent severe attack of pyemia to be again actively engaged in professional work.

Cleveland has now two first-class book stores, Messrs. Burrows Bros. and the Helman-Taylor Co., which make a specialty of medical books and at which almost any work on the market may be bought. Both are stores of the highest class.

Prof. Kent B. Waite is hard at work in his genito-urinary clinic. In one day, or rather one clinic hour, he did a supra-public cystotomy for tumor, a radical cure for hydrocele, and a needle operation for varicocele, besides attending a number of ordinary cases.

Editors Kraft and Fisher failed of a meeting during the latter's short stop in Cleveland last month, but kept the telephone wire warm for a few minutes. Editor Fisher brought good news to Editor Kraft from the East, as well as from the West, and bade him be calm and collected. The wind is blowing his way.

During the recent visit of the Medical Century's editor he was dined by Dr. Beckwith, Drs. Phillips and Pomeroy also being present, and was lodged and cared for by Dr. Phillips at his hospitable home. The local profession are always glad to receive and entertain so valued a friend as the man of the tripod of the Century.

Prof. G. W. Spencer has gone about his college work in an eminently proper way. He spent some time in New York, at the Physiological Laboratory of Columbia College doing experimental work in physiology. He made a minute study of the blood and bloodpressure, the circulation, digestion, respiration, and the nerve supply of muscles, using up a number of dogs, rabbits and frogs in his work.

Profs. Champlin and Horner have divided the work in the chair of mental and nervous diseases. Prof. Champlin takes up the brain, while Prof. Horner lectures on the spinal nervous system and functional diseases. Each has one hour a week for lecturing and Dr. Horner has an additional hour for electro-therapeutics, besides his neurological clinic on Friday. In one day he had in his clinic a case of tabes, a case of insomnia, one of imbecility, and one of hemiplegia. He has appointed Messrs. Willard Smith and Crecilius as his assistants.

The Cleveland Homeopathic Medical Society held its semi-monthly meeting on Monday, Nov. 1st. The papers read were exceedingly interesting, and consisted of one by T. P. Wilson, M. D., on "The Atom;" another by B. B. Viets, M. D., on "Refraction;" and a third by Henry E. Beebe, M. D., of Sidney, Ohio, on "The Organic Nervous System." A very full and free discussion followed, particularly on Dr. Beebe's paper. In the morning Dr. Beebe lectured to the seniors on "Medical Ethics," giving them a plain, practical, common-sense treatment of the subject which will, undoubtedly, serve to guide them in their future lives as medical practitioners.

The matriculants of the Cleveland Homeopathic Medical College have numbered more than two hundred, the seniors sixty-six. We say "have numbered" advisedly, for the reason that some of the men—not more than six—were dissatisfied with the rating given them by the faculty and have hied themselves to other fields. The faculty have been very firm in the matter of placing the student in proper place, believing it better to lose a few students than to place anyone in the senior class who has qualifications for only the junior. Outside of this episode there has not been any lack of harmony among either the members of the faculty or the students. All is moving as smoothly as such a ponderous piece of new machinery could move.

In the division of work made necessary by the establishment of the four years' graded course in the college all the chairs were affected. Prof. Sanders lectures on gynecology up to the holidays and Prof. Wood after that date. Each, however, has a clinic hour once a week, and the clinical material is, of course, equally divided. Prof. Miller lectures on surgery to the juniors and sophomores until the holidays, and to the seniors thereafter. Each has a clinic hour every week. Profs. Phillips and Viets made a similar division in ophthalmology and otology, while Profs. Pomeroy and Jewett have arranged to lecture, the former to the seniors, the latter to the juniors throughout the entire year, and next year reverse this arrangement. The schedule for the work of the year is very complete, giving twenty hours each week for lectures and thirteen hours for clinical instruction. This is the seniors' schedule, that for the juniors being similar, the sophomores and freshmen having laboratory work to take the place of the clinics. Prof. True, the registrar, has shown a great deal of tact and wisdom in the arrangement of the schedule.

The visit of the editor of the Medical Century was one from which was derived a great deal of pleasure by a number of men. The writer felt himself especially honored in being one of the number who entertained him at luncheon at the Hollenden. The party was composed of Profs. Beckwith, Pomeroy, Sanders, Wood, Phillips, and Horner, in addition to our guest. A very pleasant hour was passed at the table, after which, through the courtesy of Prof. Sanders, the writer had the pleasure of escorting Dr. Fisher to the golf-links of the Cleveland Golf Club. Here "ye athletic editor" was perfectly at home, and chased the elusive "quinine pill" in a way which would have roused the envy of the champion sprinter. He had lots of fun, we had some fun, but not quite so much, as all we could do was to endeavor to keep pace with him and wish we were a golfer too. After an hour of this delightful and healthful exercise we met Dr. Sanders by appointment and took dinner with him at the Union Club. Concerning that dinner, all we can say is that Dr. Sanders knows a thing or two about dinners. It was a very happy crowd of three that wended its blithesome way towards the Chicago train, and the good-byes were spoken with a feeling of regret on the Cleveland end of the string that the time had been so short. Come again!

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